



Biological Depot – Public Health, INVERNESS Depot
 39 James Street, Inverness, NS B0E 1N0
FAX FORM TO: (902)258-2721

Requisition - Vaccines Request for High Risk Patients

PHS Product Requisition Number:

PACKING SLIP
Name and Address of Physician and Medical Clinic(required)

COMPLETED BY: (Please Print)
 Name:
 Telephone:
 Fax:
 Date:

Please allow 7 to 14 Business Days for your order to be processed
 Pick-up (Public Health will contact you to arrange pick-up when order is ready)
**** Vaccines will not be released without a hard sided cooler with lid, insulating packing material and ice pack****

- This form is for ordering non-routine vaccines for clients with high risks conditions as per the Nova Scotia Immunization Manual.
- Non-routine vaccine requests require Public Health approval.

Patient eligibility - <http://novascotia.ca/dhw/cdpc/documents/Vaccine-Eligibility-for-High-Risk-Conditions.pdf>

Patient eligibility pre-exposure prophylaxis monkeypox – <https://novascotia.ca/dhw/cdpc/cdc/documents/Monkeypox.pdf>

Last Name: _____ First Name: _____

DOB: _____ HCN # _____

Reason (check all that applies):

- Medical indication Specify _____
- Hepatitis C program
- Case contact Specify _____
- Risk Behaviour
- Other Specify _____

Vaccines Requested - Check all that apply	Doses Ordered	Doses Approved	Doses Filled
<input type="checkbox"/> Haemophilus B Conjugate (Act-HIB)			
<input type="checkbox"/> Hepatitis A (Havrix) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Hepatitis A and B (Twinrix) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Hepatitis B 40 mcg dialysis (Recombivax HB 40 mcg)			
<input type="checkbox"/> Hepatitis B (Engerix B) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Meningococcal Conjugate ACYW-135 (Nimenrix)			
<input type="checkbox"/> Multicomponent Meningococcal B (Bexsero)			
<input type="checkbox"/> HPV (Gardasil9)			
<input type="checkbox"/> Other:			

Comments: _____

Public Health Office Use

Approved Denied Name: _____ Date: _____