Biological Depot - Public Health, Central Zone
7 Mellor Avenue, Unit 5, Dartmouth, NS B3B 0E8
Fax or Email to: (902) 481-5923
PublicHealthVaccineOrders@nshealth.ca

Requisition for Publicly Funded Vaccine

COMPLETED BY: (please print)

Name:

Telephone:

Fax:

Date:

PACKING SLIP
Name and Address of Doctor/Medical Clinic (required)

Allow 3 Business days for your request to be completed.

Mode of Delivery: ☐ **Deliver via Med Express. Contact Med Express to see if they deliver to your area and applicable charges**

☐ **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 and ice pack*****

This form is for ordering publicly funded routine vaccines as per the Nova Scotia Immunization Schedule.
Vaccines for high-risk patients must be requested by completing the *Free-Issue Request Form* and faxed to the Public Health Biological Depot for approval.

- Order vaccines on a monthly basis.
- Monitor inventory monthly and return expired vaccines with inventory list to Public Health.
- **Fill in "Doses on Hand".**

PUBLICLY FUNDED VACCINES	**Doses per Pkg.**	**Doses on Hand**	**Doses Ordered**	**Public Health Office Use**	
				Doses Filled	**Lot #**
Pediacel™ (71721) DTaP/IPV/Hib	**5**				
Adacel Polio™(72430) or Boostrix Polio™ (72651) Tdap IPV	**10**				
MMR II™ - MMR **(71741)** & Diluent **(71769)**	**10**				
NeisVac-C™ (71755) or Menjugate™ (73662) Meningococcal Group C Conjugate	**10**				
Varilrix™ - Varicella **(71754)** & Diluent **(71771)**	**10**				
Prevnar™ -(71874) Pneumococcal Conjugate	**10**				
Priorix-Tetra™- MMRV **(72452)** & Diluent **(71771)**	**10**				
Pneumovax 23™(71748) Pneumococcal Polysaccharide	**10**				
Boostrix™ (71750) or Adacel™(71717) Tdap	**10**				
Td Adsorbed (71722)	**5**				
Seasonal Influenza	**10**				

Public Health Office Use

Order Filled by: _____ Date: _____ Provider #: _____