



Public Health Services

Product Requisition ID #

Requisition for Influenza Vaccine 2019-2020

Full Name of Service Provider and Shipping Address
(Doctor/Medical Centre, Agency or Pharmacy with Store Number)

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

Mode of Delivery:

**** Vaccines will not be released without a hard sided cooler with lid, packing material and ice pack****

This form is for ordering publicly funded seasonal influenza

- Order vaccine on a biweekly basis
- It is required to fill "Doses on Hand".

Required Information: Number of Immunizers at Provider: _____

Fridge: Full Size - # of Fridges _____ Bar - # of Fridges _____

****Product must be stored in a temperature monitored refrigerator that is kept between 2-8°C****

Production Description	Doses per package	Doses on Hand *REQUIRED*	Doses Ordered	Doses Filled
Seasonal Influenza Vaccine	10			

Order Form Faxed to Public Health –Amherst Office

Fax # 902-667-2273.

Phone # 902-667-3319.