# 

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**

# Product Requisition ID #

# Requisition for Influenza Vaccine 2019-2020

# Completed By (Please Print)

Name:

Telephone:

Fax:

Date:

**Full Name** of **Service Provider** and **Shipping Address**

(Doctor/Medical Centre, Agency or Pharmacy with Store Number)

**Please allow 5 – 7 business days for your order to be processed**

**🞏 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, insolating 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 |  |  |  |

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