



Public Health Services
 690 East River Road
 New Glasgow, NS B2H 3S1
 Phone: (902) 752-5151 Fax: (902) 755-7175

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			

Do not complete this area until Vaccine is received from Public Health.

Thank You!

Please Print Name: _____
Signature: _____
Date Vaccine Received: _____