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Public Health Services

235 Townsend Street

Sydney, NS B1P 5E7

**FAX FORM TO: 902-563-2714**

# Requisition for Influenza Vaccine 2019-2020

# Product Requisition ID #

**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:

**At what Public Health office will vaccine be picked up:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\**** *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 FLU vaccine on a biweekly basis***
* **It is required to fill “Doses on Hand”.**

**Required Information**: (If applicable) Number of Physicians in Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_

Fridge:  Full Size - # of Fridges\_\_\_\_\_\_\_\_  Bar - # of Fridges \_\_\_\_\_\_\_\_

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

**\*\*\* NOTE: Please fax enclosed temperature log back with your order with 3 separate fridge temperatures recorded on it.**

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

Packed by & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT# Packed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do not complete this area until Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine is received from Public Health.

Thank you Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Vaccine Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| ***Sign After Receiving Vaccine Order and Fax to Public Health @ 902-563-2714*** |
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