Requisition for Publicly Funded Vaccine for Long Term Care Facility

**COMPLETED BY:** (please print)

Name:
Telephone:
Fax:
Date:

**PACKING SLIP**
Name and Address of Long Term Care Facility: (required)

Allow 3 Business days for your request to be completed.

**Mode of Delivery:**
- ☐ Deliver via Med Express. Please 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 vaccine on a monthly basis
- Monitor inventory monthly and return expired vaccines with inventory list to Public Health
- Assign consistent office personnel to monitor inventory, identify as a contact for Public Health
- Fill in “Doses on Hand”.
- Return reciprocal form to Public Health for Pneumovax and Boostrix/Adacel

<table>
<thead>
<tr>
<th>PUBLICLY FUNDED VACCINES</th>
<th>Doses per Pkg.</th>
<th>Doses on Hand</th>
<th>Doses Ordered</th>
<th>Public Health Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubersol (71730)</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumovax 23™ (71748) - Pneumococcal Polysaccharide</td>
<td>10</td>
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<tr>
<td>Boostrix™ (71750) or Adacel™(71717) Tdap</td>
<td>10</td>
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<tr>
<td>Td Adsorbed (71722)</td>
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<tr>
<td>Seasonal Influenza</td>
<td>10</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Health Office Use</th>
<th>Doses Filled</th>
<th>Lot #</th>
</tr>
</thead>
</table>

**Public Health Office Use:**

Order Filled by: __________________ Date: __________________ Provider #: __________________

April 2016