

COVID-19 Vaccine Order Request Form

Mailing Address:

Niagara Region Public Health
 1815 Sir Isaac Brock Way
 P.O. Box 1052
 Thorold, ON, L2V 0A2
 905-688-8248 Toll Free: 1-888-505-6074
 Ext. 7154 or 7450

Please complete and return this form by fax to **289-479-0192** or email covid19vaccineorders@niagararegion.ca

Provide details of the clinic(s) planned (e.g., date(s), number of appointments booked, etc.).

COVID-19 vaccines are available to select primary care and specialist practices who are an approved COVID-19 vaccine administration site. For more information, please contact HCPEngagement@niagararegion.ca

To order vaccine, please complete the check boxes below:

The office has completed and submitted to Public Health the COVID-19 Vaccine Readiness Checklist for Primary Care and Specialists

Vaccine must be stored in a fridge that has been inspected by Public Health. If you have not had a fridge inspection and need to arrange one, please contact Public Health prior to placing an order for vaccine at 905-688-8248, ext. 7396.

Prior to any vaccine pick up, your site will **provide a copy of your last 4 weeks of temperature logs** 24-48 hours prior to your scheduled pick up time.

Vaccine will be **picked up in a frozen state** from Public Health and will need to be thawed prior to administration. **This vaccine is not to be moved again once thawed.**

Facility Name: _____ **Phone:** _____ **Ext:** _____

Address: _____

Contact: _____ **Date:** _____

Vaccine	# Doses on hand	# Doses requested
Moderna Spikevax 10-dose vial (30 years+)*		
Pfizer-BioNTech Comirnaty 6-dose vial (12 years+)		
Pediatric Pfizer BioNTech Comirnaty 10-dose vial (5-11 years)		

*When requesting doses of Moderna Spikevax, please request the number of **FULL** doses you require (2 booster doses = 1 full dose requested).

Public Health will call you to confirm your allocation and discuss pick up.