

Vaccine Order Form for Physicians and Primary Care

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. 7396
niagararegion.ca
 Complete and return this form by fax
 at 905-688-4667 or email **vpd@niagararegion.ca**.

Order No:
Program assistant initials:

All vaccine orders require:

- A copy of your current 4 week fridge temperature log (up to present day)
- One calendar week prior to scheduled delivery date to fill the order

Facility name: _____ Phone: _____ Ext.: _____

Contact: _____ Date (mm/dd/yyyy): _____

Email: _____

All vaccine orders will be delivered to your facility according to the vaccine delivery schedule at **niagararegion.ca**

Vaccine	Trade name	Doses on hand	Doses requested
DTaP-IPV-Hib (Diphtheria, Tetanus, acellular Pertussis, Polio, Hib)	Pediacel® or Pentacel®		
Hepatitis B (Adult 1.0 mL) Grade 7 vaccine for individuals 11 - 15 years	Recombivax HB® or Engerix-B®		
Hepatitis B (Adult 1.0 mL) Grade 7 vaccine for individuals 11 - 15 years with a latex allergy	Engerix®B		
Hepatitis B (Pediatric 0.5 mL) Grade 7 vaccine for individuals in grades 7 - 12 (18 years of age and younger) on a 3-dose schedule	Recombivax HB® or Engerix-B®		
Hepatitis B (Pediatric 0.5 mL) Grade 7 vaccine for individuals in grade 7 - 12 (18 years of age and younger) on a 3-dose schedule with a latex allergy	Engerix®B		
HPV-9 For individuals in grade 7 - 12	Gardasil®9		

Vaccine	Trade name	Doses on hand	Doses requested
IPV (Inactivated Polio)	Imovax® Polio		
MMR (Measles, Mumps, Rubella)	MMR® II, Priorix® or M-M-RVaxPro®		
MMRV (Measles, Mumps, Rubella, Varicella) For individuals 4 - 12 years of age	Priorix-Tetra® or ProQuad®		
Meningococcal Conjugate ACYW-135 For individuals in grade 7 onwards (remains eligible until vaccine is received)	Menactra®, Nimenrix®, MenQadfi® and Menveo		
Meningococcal C Conjugate	Menjugate® Liquid or NeisVac-C®		
Pneumococcal 15-valent Conjugate ¹ For individuals 6 weeks - 4 years or age	Vaxneuvance®		
Pneumococcal 20-valent Conjugate ¹ For individuals 65 years of age and older	Prevnar 20®		
Rotavirus	Rotarix®		
Shingles 65 - 70 years of age	Shingrix®		
Td (Tetanus, diphtheria)	Td Adsorbed®		
Tdap (Tetanus, diphtheria, acellular pertussis)	Adacel® or Boostrix®		
Tdap-IPV (Tetanus, diphtheria, acellular pertussis, Polio)	Adacel®-Polio or Boostrix®-Polio		
Tuberculin (Mantoux Tuberculin skin test/TST) ²	Tubersol®		
Varicella (Chickenpox)	Varivax® or Varilrix®		

¹ **Updated pneumococcal vaccine information at**
(ontario.ca/page/vaccine-resources-professionals#section-5)

² Tuberculin skin tests are publicly funded for individuals in Ontario who meet the eligibility criteria at niagararegion.ca Coverage for documentation of skin test, such as completion of an immunization status report, depends on the reason for the test.

Resources	Reasoning	Amount requested
Publicly Funded Immunization Schedules for Ontario	not applicable	Available online only (ontario.ca/page/vaccine-resources-professionals#section-2)

Resources	Reasoning	Amount requested
Fridge thermometer (fee will apply)		
Transport thermometer (fee will apply)	not applicable	
Vaccine temperature log book	not applicable	
Immunization notification pads	not applicable	
Immunization cards and sleeves	not applicable	

Notes:

- Use the Seasonal Respiratory Products Order Form for influenza, COVID-19 and RSV products
- Use the High-Risk Vaccine Order Form for all high-risk vaccine orders