



## Vaccine Order Form

**RETURN TO:**  
**Saanich Health Unit**  
**Fax: 1-250-744-1042**  
**Salt Spring Island Health Unit**  
**1-137 Crofton Road**  
**Salt Spring Island , BC V8K 2R8**  
**Phone: 250-538-4880**

Vaccine Provider Name(s): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Order: \_\_\_\_\_ **Allow at least 3 working days (Monday to Friday) to fill your order. Vaccine will be distributed based on available products and supply. We will NOT backfill orders.**

| Number of DOSES | Vaccine  | Health Unit Use Only |             |   |
|-----------------|--|----------------------|-------------|---|
|                 |  | Lot #                | Expiry Date | F |
|                 | DTaP-HB-IPV-Hib, Infanrix-hexa®  |                      |             |   |
|                 | DTaP-IPV-Hib, Infanrix®-IPV/Hib or Pediacel®   |                      |             |   |
|                 | Haemophilus influenza type B, Act-HIB® or Hiberix®                                   |                      |             |   |
|                 | Hepatitis A - Pediatric  |                      |             |   |
|                 | Hepatitis A - Adult  |                      |             |   |
|                 | Hepatitis B - Pediatric, RecombivaxHB® or Engerix®-B                                 |                      |             |   |
|                 | Hepatitis B - Adult, RecombivaxHB® or Engerix®-B                                     |                      |             |   |
|                 | Hepatitis B - Adult - Dialysis/Predialysis, RecombivaxHB® or Engerix®-B              |                      |             |   |
|                 | Human Papillomavirus, Gardasil®9   |                      |             |   |
|                 | Measles/Mumps/Rubella, MMRII® or Priorix®  |                      |             |   |
|                 | Measles/Mumps/Rubella/Varicella, ProQuad™ or Priorix-Tetra®                          |                      |             |   |
|                 | Meningococcal C Conjugate, Neisvac-C® or Menjugate®                                  |                      |             |   |
|                 | Meningococcal Quadrivalent Conjugate A, C, Y, W-135, Menveo®, Menactra® or Nimenrix® |                      |             |   |
|                 | Pneumococcal Conjugate 13, Prevnar® 13   |                      |             |   |
|                 | Pneumococcal Polysaccharide 23, Pneumovax® 23  |                      |             |   |
|                 | Inactivated Polio, Imovax® Polio   |                      |             |   |
|                 | Rotavirus, RotaTeq®  |                      |             |   |
|                 | Td Adsorbed  |                      |             |   |
|                 | Tdap, Adacel® or Boostrix®   |                      |             |   |
|                 | Tdap-IPV, Adacel®-Polio or Boostrix®-Polio   |                      |             |   |
|                 | Varicella, Varilrix® or Varivax® III   |                      |             |   |
|                 | Tetanus Immune Globulin, Hypertet® S/D. Hospitals & urgent care centres only.        |                      |             |   |
|                 | Special Orders:  |                      |             |   |
|                 |  |                      |             |   |
|                 |  |                      |             |   |

**For current information on publicly funded routine immunizations and vaccines for at-risk populations, call your local health unit or go to [www.bccdc.ca](http://www.bccdc.ca). Click the 'Health Professionals' tab, under 'Clinical Resources' click on 'Communicable Disease Control Manual' and click on 'Chapter 2: Immunization'.**

**Health Unit Use Only:**  
 Date Order Received: \_\_\_\_\_ Date Order Filled: \_\_\_\_\_ Filled By: \_\_\_\_\_  
 Picked Up By: \_\_\_\_\_