

Publicly Funded Vaccines / Biologics Order Form

Customer Name:	Contact name:
Shipping address including postal code:	Telephone:
Preferred delivery method:	Fax:
Service Delivery Location (Ex. clinic, physician office):	E-mail address:
Date ordered: (dd/mm/yyyy)	Date requested for delivery: (dd/mm/yyyy)
<p>Routine Program: Order twice a month and do not hold more than one month supply in refrigerator. High Risk Programs: Order only when needed. Please return all outdated vaccine or vaccine that has been exposed to an inappropriate storage condition to Sub Depot or place where you received vaccine from.</p>	

Routine Program - Products Ordered From Central Serum Depot or Sub Depot by Fax (506-648-6477) or Email (Serum.Depot@gnb.ca)

Product description	Brands	Doses
Diphtheria, tetanus, acellular pertussis, inactivated polio & <i>Haemophilus influenzae type b</i> (DTaP-IPV-Hib)	Pediacel	
Hepatitis B - pediatric (HB-pediatric)	Engerix B Junior, Recombivax Pediatric	
Human papillomavirus (HPV-9) (School program only)	Gardasil9	
Inactivated polio (IPV)	Imovax Polio	
Influenza (Influenza-quad)	FluLaval Tetra, Fluzone Quadrivalent	
Measles, mumps, rubella (MMR)	Priorix, MMR	
Measles, mumps, rubella, varicella (MMRV)	ProQuad, Priorix-Tetra	
Meningococcal conjugate (Men-C-C)	Neisvac-C, Menjugate	
Meningococcal conjugate (Men-C-ACYW) (School program only)	Nimenrix, Menveo, Menactra	
Pneumococcal conjugate 13-valent (Pneu-C-13)	Prevnar13	
Pneumococcal polysaccharide 23-valent (Pneu-P-23)	Pneumovax23	
Rotavirus (Rot-5, Rot-1)	Rotateq, Rotarix	
Tetanus, diphtheria, acellular pertussis (Tdap)	Boostrix, Adacel	
Tetanus, diphtheria, acellular pertussis, inactivated polio (Tdap-IPV)	Boostrix-Polio, Adacel-Polio	
Tetanus toxoid, diphtheria (Td)	Td Adsorbed (≥7 yrs)	
Tuberculin 5 TU (PPD) (Hospitals only)	Tubersol	
Varicella (Var)	Varilrix, Varivax III	

High-Risk Program and Missed School Program - Products Ordered From Central Serum Depot by Fax (506-648-6477) or email (Serum.Depot@gnb.ca) and Shipped to Local Sub Depot for Pick-up.

Please note that there are restrictions on the distribution of these products. Refer to eligibility criteria for publicly funded vaccines/biologics and check condition.

Product description	Brands	Doses required	Condition (Check condition)
<i>Haemophilus influenzae</i> type b with diluent (Hib)	Act-Hib, Hiberix		<p>Immune-suppressive conditions :</p> <input type="checkbox"/> Cancer <input type="checkbox"/> Congenital immunodeficiency <input type="checkbox"/> Hematopoietic stem cell transplant <input type="checkbox"/> HIV <input type="checkbox"/> Solid organ transplant <input type="checkbox"/> Immunosuppressive therapy <input type="checkbox"/> Splenic disorders
Hepatitis A - adult (HA-regular)	Havrix 1440, Vaqta Adult		
Hepatitis A - pediatric (HA-pediatric)	Havrix 720, Vaqta Pediatric		
Hepatitis B - adult (HB-regular)	Engerix-B, Recombivax HB Adult		
Hepatitis B - adult dialysis (HB-dialysis)	Recombivax HB Adult Dialysis		
Hepatitis A and B adult ≥ 19yrs (HAHB-regular)	Twinrix		
Hepatitis A & B junior ≤ 18yrs (HAHB-pediatric)	Twinrix Junior		
Human papillomavirus (HPV-9) For eligible individuals (For missed school program confirm vaccine eligibility by providing date of birth and gender under Comments)	Gardasil9		
Meningococcal conjugate A,C,Y & W 135 (Men-C-ACYW) For high risk and other eligible individuals (For missed school program confirm vaccine eligibility by providing date of birth under Comments)	Nimenrix, Menveo, Menactra		
Meningococcal B (Men-B)	Bexsero		
Rabies (Rab) (Hospitals only)	Imovax Rabies, RabAvert		<p>Medical conditions :</p> <input type="checkbox"/> Chronic cerebrospinal fluid leak <input type="checkbox"/> Chronic liver disease including hepatitis C, chronic hepatitis B, & other diseases <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Chronic neurological conditions <input type="checkbox"/> Chronic renal disease and dialysis <input type="checkbox"/> Cochlear implant <input type="checkbox"/> Diabetes & metabolic diseases <input type="checkbox"/> Heart disease and stroke <input type="checkbox"/> Hemophilia, bleeding disorders (multiple blood or plasma/ component transfusions) <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Chronic salicylic acid therapy
Rabies Immunoglobulin (Rablg) (Hospitals only)	Imogam Rabies, HyperRab		
Comments/additional information:			
Order shipped (dd/mm/yyyy):			
Order filled by:			
Requisition ID:			