

### Publicly Funded Vaccines / Biologics Order Form

<b>Practitioner name:</b>	<b>Contact name:</b>
<b>Shipping address including postal code:</b>	<b>Telephone:</b>
<b>Preferred delivery method:</b>	<b>Fax:</b>
<b>Service Delivery Location (Ex. clinic, physician office):</b>	<b>E-mail address:</b>
<b>Date ordered: (dd/mm/yyyy)</b>	<b>Date requested for delivery: (dd/mm/yyyy)</b>

**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 Please return all outdated vaccine or vaccine that has been exposed to an inappropriate storage condition to Sub Depot or place where you received vaccine from.

#### 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	
Influenza (High dose for 65 and over)	Fluzone High Dose	
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)	Prenar13	
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 ( <b>Hib</b> )	Act-Hib, Hiberix		<p><b>Immune-suppressive conditions :</b></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 <p><b>Medical conditions :</b></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 <p><b>Other :</b></p> <input type="checkbox"/> Communicable disease follow-up <input type="checkbox"/> Illicit drug use <input type="checkbox"/> MSM (men having sex with men) <input type="checkbox"/> Newly admitted to institutions for developmentally challenged
Hepatitis A - adult ( <b>HA-regular</b> )	Havrix 1440, Vaqta Adult		
Hepatitis A - pediatric ( <b>HA-pediatric</b> )	Havrix 720, Vaqta Pediatric		
Hepatitis B - adult ( <b>HB-regular</b> )	Engerix-B, Recombivax HB Adult		
Hepatitis B - adult dialysis ( <b>HB-dialysis</b> )	Recombivax HB Adult Dialysis		
Hepatitis A and B adult ≥ 19yrs ( <b>HAHB-regular</b> )	Twinrix		
Hepatitis A & B junior ≤ 18yrs ( <b>HAHB-pediatric</b> )	Twinrix Junior		
Human papillomavirus ( <b>HPV-9</b> ) For eligible individuals ( <b>For missed school program confirm vaccine eligibility by providing date of birth and gender under Comments</b> )	Gardasil9		
Meningococcal conjugate A,C,Y & W 135 ( <b>Men-C-ACYW</b> ) For high risk and other eligible individuals ( <b>For missed school program confirm vaccine eligibility by providing date of birth under Comments</b> )	Nimenrix, Menveo, Menactra		
Meningococcal B ( <b>Men-B</b> )	Bexsero		
Rabies ( <b>Rab</b> ) ( <b>Hospitals only</b> )	Imovax Rabies, RabAvert		
Rabies Immunoglobulin ( <b>Rablg</b> ) ( <b>Hospitals only</b> )	Imogam Rabies, HyperRab		
Comments/additional information:			
Order shipped (dd/mm/yyyy):			
Order filled by:  Requisition ID:			