

**Publicly Funded Vaccines and Biologics Order Form for
Public Health offices and First Nations Health Centers**

Organization name:	Contact name:
Shipping address including postal code:	Telephone:
	Fax:
Clinic name:	E-mail address:
Date ordered: (dd/mm/yyyy)	Date requested for delivery: (dd/mm/yyyy)

Vaccines are to be maintained between 2-8°C at all times in dedicated vaccine refrigerator. Order twice a month and do not hold more than one month supply in refrigerator. Please return all outdated vaccine or vaccine that has been exposed to inappropriate storage conditions to Central Serum Depot. Refer to the *New Brunswick Immunization Program Guide* for more information.

**Vaccines/Biologics to be ordered from Central Serum Depot
by fax (506) 648-6477**

Product description	Monthly inventory (Kanban)	Current inventory	Lot number / expiry date	# doses requested	Lot number - doses shipped
Diphtheria, tetanus , acellular pertussis, inactivated polio & <i>Haemophilus influenzae</i> type b (DTaP-IPV-Hib)					
Tetanus, diphtheria, acellular pertussis, inactivated polio (Tdap-IPV)					
Hepatitis B - pediatric (HB)					
Measles, mumps, rubella (MMR)					
Measles, mumps, rubella, varicella (MMRV)					
Meningococcal conjugate (Men-C-C)					
Pneumococcal conjugate 13-valent (Pneu-C-13)					
Pneumococcal polysaccharide 23 -valent (Pneu-P-23)					
Rotavirus (RV)					
Tetanus toxoid, diphtheria ≥7 yrs (Td)					
Tetanus, diphtheria, acellular pertussis (Tdap)					
Varicella (Var)					

**There are restrictions on the distribution of the products listed below.
Please refer to the eligibility criteria for publicly funded vaccines/biologics**

Product description	Monthly inventory (Kanban)	Current inventory	Lot number / expiry date	# doses requested	Lot number - doses shipped
<i>Haemophilus influenzae</i> type b with diluent (Hib)					
Hepatitis A - adult (HA)					
Hepatitis A - pediatric (HA)					
Hepatitis B - adult (HB)					
Hepatitis B - adult dialysis (HB)					
Hepatitis A and B adult ≥19yrs (HAHB)					
Hepatitis A & B junior ≤18yrs (HAHB)					
Human papillomavirus (HPV)					
Inactivated polio (IPV)					
Influenza (Inf)					
Meningococcal conjugate A,C,Y & W-135 (Men-C-ACWY) -for high risk and school program					
Meningococcal-B (Men-B)					
Tuberculin 5 TU (PPD)					
Rabies (Rab)					
Rabies Immunoglobulin (Rablg)					

Are the products requested to replace expired or damaged vaccines/biologics? If yes, how many replacement doses?

- expired vaccines or biologics: _____

- damaged vaccines or biologics: _____

Comments/additional information:

Order filled by:

Order shipped (dd/mm/yyyy)