

INFLUENZA VACCINE ORDER FORM 2023-2024

To: Grey Bruce Public Health
Fax: 519-376-7782
Phone: 519-376-9420

Date: _____ Time: _____

Facility Name: _____

Contact Person(s): _____

Fax: _____ Phone: _____

| |
|---|
| GBPH USE ONLY: |
|---|

| AGE GROUP | PRODUCT (Trade Name) | TYPE OF INFLUENZA VACCINE | # DOSES ON HAND | # DOSES ORDERING |
|--------------------------------|---------------------------------|---------------------------|-----------------|------------------|
| For clients 6 months and older | FluLaval Tetra | QIV | | |
| For clients 6 months and older | Fluzone® Quadrivalent | QIV | | |
| For clients 65 years and older | Fluzone® High-Dose Quadrivalent | QIV-HD | | |
| | Fluad® | TIV-adj | | |

NOTE: Due to vaccine procurement processes, Public Health cannot guarantee manufacturer and vaccine availability.

Reminder: All cold chain failures (temperatures found outside of the 2° to 8°C range) must be reported immediately to the Grey Bruce Public Health nurse responsible for your facility. Until the efficacy of your vaccine has been determined by this nurse you must not administer any of this vaccine.

****Please allow one week for processing vaccine orders.
 For vaccine delivery please refer to order and delivery schedule
 (Note that weekly orders will occur late October/early November).**

Temperature logs required to attach with order.