

**Vaccine Order Form – Greenstone**

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|  **Email orders preferred:** greenstone@tbdhu.com |  **Fax:** 807-854-1871 |

**Health Care Provider:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.  **Fax:** Click or tap here to enter text.

**NOTE:**

* **Vaccine brands** **distributed will depend on provincial supply availability**. Brands are interchangeable, however interval recommendations may vary – see [*Principles of vaccine interchangeability: Canadian Immunization Guide*](https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-7-principles-vaccine-interchangeability.html)**.**
* **Patient/client must meet eligibility** as per the [*Publicly Funded Immunization Schedules for Ontario (June 2022*](https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf)*)*
* **Please report all vaccines** administered to children 0-18; all HIGH RISK and GRADE 7 vaccine administration **must be reported** before additional vaccine is released; find the report form at TBDHU.com/vaxorder (see “Reporting Vaccine Doses Administered).

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| **Acronym**  | **Vaccine** | **Doses** **on Hand** | **Doses Ordered** |
|  **ROUTINE** (please report vaccines for ages 0-18; see TBDHU.com/vaxorder for reporting form under “Reporting Vaccine Doses Administered”) |
| **DTap-IPV-Hib** |  Diphtheria, tetanus, pertussis; polio; haemophilus influenzae type b (Hib) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Hib**  |  Haemophilus influenzae type b (Hib)  | Click or tap here to enter text. | Click or tap here to enter text. |
| **IPV** |  Polio | Click or tap here to enter text. | Click or tap here to enter text. |
| **Men-C-C** |  Meningococcal C-C | Click or tap here to enter text. | Click or tap here to enter text. |
| **MMR**  |  Measles, mumps, rubella  | Click or tap here to enter text. | Click or tap here to enter text. |
| **MMRV** |  Measles, mumps, rubella, varicella | Click or tap here to enter text. | Click or tap here to enter text. |
| **Pneu-C-15** |  Pneumococcal 15 | Click or tap here to enter text. | Click or tap here to enter text. |
| **Pneu-C-20** |  Pneumococcal 20 | Click or tap here to enter text. | Click or tap here to enter text. |
| **Rota** | Rotavirus | Click or tap here to enter text. | Click or tap here to enter text. |
| **Td** | Tetanus, diphtheria | Click or tap here to enter text. | Click or tap here to enter text. |
| **Tdap** | Tetanus, diphtheria, pertussis | Click or tap here to enter text. | Click or tap here to enter text. |
| **Tdap-IPV** | Tetanus, diphtheria, pertussis; polio | Click or tap here to enter text. | Click or tap here to enter text. |
| **Tuberculin** | TB testing solution | Click or tap here to enter text. | Click or tap here to enter text. |
| **Varicella** | Varicella  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Zoster** | Herpes Zoster (Shingles) | Click or tap here to enter text. | Click or tap here to enter text. |
|  **GRADE 7 VACCINES** (reporting required; find form at [TBDHU.com/vaxorder](http://www.TBDHU.com/vaxorder) under “Reporting Vaccine Doses Administered”) |
| **HB** | **Adult 1ml** – Hepatitis B  | Click or tap here to enter text. | Click or tap here to enter text. |
| **HB**  | **Pediatric 0.5ml** – Hepatitis B | Click or tap here to enter text. | Click or tap here to enter text. |
| **HPV 9** |  Human Papillomavirus 9 | Click or tap here to enter text. | Click or tap here to enter text. |
| **Men-C-ACWY-135** |  Meningococcal C-ACWY | Click or tap here to enter text. | Click or tap here to enter text. |
|  **HIGH RISK VACCINES** (reporting required; find form at [TBDHU.com/vaxorder](http://www.TBDHU.com/vaxorder) under “Reporting Vaccine Doses Administered”) |
| **HA**  | **Adult 1ml** – Hepatitis A | Click or tap here to enter text. | Click or tap here to enter text. |
| **HA** | **Pediatric 0.5ml** – Hepatitis A | Click or tap here to enter text. | Click or tap here to enter text. |
| **HB** | **Adult 1ml** – Hepatitis B | Click or tap here to enter text. | Click or tap here to enter text. |
| **HB** | **Pediatric 0.5ml** – Hepatitis B | Click or tap here to enter text. | Click or tap here to enter text. |
| **HB** | **Renal Dialysis** **1ml** – Hepatitis B | Click or tap here to enter text. | Click or tap here to enter text. |
| **HPV 9** | Human Papillomavirus 9 | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mpox** | Imvamune® |  |  |
| **Men B** | Meningococcal B | Click or tap here to enter text. | Click or tap here to enter text. |
| **Men-C-ACWY-135** | Meningococcal C-ACWY | Click or tap here to enter text. | Click or tap here to enter text. |
|  **OTHER RESOURCES** |  |
|  **Temperature Log Books -** Number of copies requested: | Click or tap here to enter text. |
| **Immunization Cards -** Number of copies requested: | Click or tap here to enter text. |