



Biological Depot - Public Health, Central Zone  
 7 Mellor Avenue, Unit 5, Dartmouth, NS B3B 0E8  
**Fax or Email to: (902) 481-5923**  
**PublicHealthVaccineOrders@nshealth.ca**

**Requisition for Influenza Vaccine 2015-2015**

**COMPLETED BY: (please print)**

Name:

Telephone:

Fax:

Date:

**FULL NAME OF DOCTOR/MEDICAL CENTRE, AGENCY OR PHARMACY WITH STORE NUMBER:**

**ADDRESS:**

**Allow 3 Business days for your request to be completed.**

- Mode of Delivery:**
- Deliver via Med Express.** Please contact Med Express to see if they deliver to your area and applicable charges
  - Pick-up** (Public Health will contact you to arrange pick-up when order is ready)  
**\*\* Vaccines will not be released without a hard sided cooler with lid and ice pack\*\***

This form is for ordering publicly funded seasonal influenza

- Order vaccine on a weekly or biweekly basis
- **It is required to Fill "Doses on Hand".**

**Required Information:** (If applicable) Number of Physicians in Practice \_\_\_\_\_  
 Fridge:  Full Size - # fridges \_\_\_\_\_  Bar - # fridges \_\_\_\_\_

Production Description	Doses per package	*Doses on Hand REQUIRED	Doses Ordered	Doses Sent
Seasonal Influenza Vaccine	10			

**Public Health Use Only**

Date Received

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Completed by:

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Date Filled:

Material Number:

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Provider Number:

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Lot Number:

