nova scotia health authority

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 Publicly Funded Vaccine – Central Zone & IWK Health Centre

- These orders do not require a purchase order.
- **Allow 3 Business days for your request to be completed. It is required to fill in Doses on Hand**.

Please select one site only (Ship To):

	Dartmouth General Hospital, Main Pharmacy		**Dartmouth General Dialysis Unit, Room 1200 Level 1**
	QEII HI-Pharmacy, 1796 Summer Street		**QEII VG-Pharmacy - 1 North, 1276 South Park St**
	QEII Dialysis Unit – VG Site		**QEII Dialysis Unit – Halifax Infirmary Site**
	IWK Health Centre, Main Pharmacy		**IWK Blood Bank, 5980 University Ave, Level 0**
	Infectious Disease Clinic – VG Site		**Public Health Nurse - Windsor**
	Halifax Sexual Health Clinic, 6009 Quinpool Rd		**Hants Community Hospital Pharmacy, Windsor**
	East Coast Forensic /Offender Health 88 Gloria McCluskey Ave		**Direction 180, 2158 Gottingen Street, Halifax**

Routine Immunization Programs

Product Description	Doses per Pkg.	Doses on Hand	Doses Ordered	Office Use		
				Doses Filled	Lot #	
Pediacel™(71721) DTaP/IPV/Hib	**5**					
Adacel Polio™ (72430) or **Boostrix Polio™ (72651)** - Tdap IPV	**10**					
MMR II™ - MMR **(71741)** & Diluent **(71769)**	**10**					
Varilrix™ - Varicella **(71754)** & Diluent **(71771)**	**10**					
NeisVac-C™(71755) or Menjugate™ -(73662) Meningococcal Group C Conjugate	**10**					
Prevnar™ -(71874) Pneumococcal Conjugate	**10**					
Priorix-Tetra™ - MMRV **(72452)** & Diluent **(71771)**	**10**					
Pneumovax 23™ (71748) - Pneumococcal Polysaccharide	**10**					
Boostrix™ (71750) or Adacel™(71717) Tdap	**10**					
Td Adsorbed (71722)	**5**					
Seasonal Influenza	**10**					

Non-routine (high-risk) Immunizations

Product Description	Doses per Pkg.	Doses on Hand	Doses Ordered	Office Use	
				Doses Filled	Lot #
Menomune (71725) Men Quad Poly	**1**				
Menveo (72424) Men Quad Conj	**5**				
ActHIB (71729)	**5**				
Hep B Adult (71786)	**1**				
Hep B Pediatric (71746)	**1**				
Hep B 40 mcg - Dialysis **(71747)**	**1**				
Hep A Adult	**1**				
Hep A Pediatric	**1**				
Twinrix Adult -(71752) Hep A&B	**1**				
Twinrix Pediatric -(71753) Hep A&B	**1**				
HyperTet Tetanus IG (71776)	**1**				
Tubersol (71730)	**10**				

CLINIC Please complete:

Date: _____ Contact name:_____

Phone: _____ Fax: _____

PHS Use Only

Provider # _____

Date: _____ Initials:_____

April 2016