



Appendix 1: Influenza Vaccine Order Form

Please fax your order to your local health unit

Please pick up your order within 1 week between the hours of _____ to _____

Name of Physician office/Pharmacy requesting vaccine: Address: Phone #: Fax:	Health Unit (choose health unit closest to flu clinic site):
Physician Office/Pharmacy Contact person:	Date of order:
Email address:	Order filled by HUA/PHN:

Your total request for the Influenza Season: _____ doses.

- Indicate the number of influenza doses you will require for the next two weeks in the table below.
- We will try to accommodate your order but cannot guarantee your full order will be filled. This will be dependent on vaccine supply available.
- Pharmacists: Do NOT order influenza vaccine for care facilities. They receive their order directly from Public Health or the hospital.

Please check your fridge for any influenza vaccine from last season and return to Public Health when you pick up this year's vaccine.

Influenza vaccine product	Doses Remaining in Fridge	Doses Requested	Doses Provided (Health Unit use only)	Lot Number (Health Unit use only)
Fluzone Quadrivalent (QIV)				
Influvac (TIV) (Pre-filled syringe)				
Fluviral (TIV)				
Flumist (LAIV) (Pre-filled syringe)				
Pneumococcal 23 polysaccharide vaccine				

* Clinics without pediatric populations – please indicate not applicable (n/a) for FluMist and Fluzone QIV

* Pharmacare will not be funding pharmacist administration of publicly funded FluMist vaccine for the 2018-2019 season.

Pharmacists may request FluMist on a case-by-case basis but will not be reimbursed for its administration to eligible clients and cannot charge eligible clients for its administration.

Reminder regarding care of vaccines

- Order only what is required
- Maintain cold chain during transport
- If you experience cold chain problems, contact the health unit immediately
- Check and log your fridge temperature twice daily (vaccines should be stored between 2 to 8 degrees Celsius)
- Return expired vaccine promptly
- Questions can be directed to your local health unit
- Information regarding vaccines & schedules is available at: www.bccdc.ca

Abbotsford HU Tel: 604-864-3400 Fax: 604-864-3410	Agassiz HU Tel: 604-793-7160 Fax: 604-796-8587	Burnaby HU Tel: 604-918-7605 Fax: 604-918-7630	Chilliwack HU Tel: 604-702-4900 Fax: 604-702-4901	Cloverdale HU, Surrey Tel: 604-575-5100 Fax: 604-574-3738	Guildford HU, Surrey Tel: 604-587-4750 Fax: 604-587-4777
Hope HU Tel: 604-860-7630 Fax: 604-869-2332	Langley HU Tel: 604-539-2900 Fax: 604-514-8036	Maple Ridge HU Tel: 604-476-7000 Fax: 604-476-7077	Mission HU Tel: 604-814-5500 Fax: 604-814-5517	New Westminster HU Tel: 604-777-6740 Fax: 604-525-0878	TriCities HU, Port Moody Tel: 604-949-7200 Fax: 604-949-7211
Newton HU, Surrey Tel: 604-592-2000 Fax: 604-501-4814	North Delta HU Tel: 604-507-5400 Fax: 604-507-4617	North Surrey HU Tel: 604-587-7900 Fax: 604-582-4811	White Rock HU Tel: 604-542-4000 Fax: 604-542-4009	South Delta HU Tel: 604-952-3550 Fax: 604-946-6953	