

INFLUENZA VACCINE ORDER FORM 2024-2025

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 deliveries will occur October to mid November).**

Temperature logs required to attach with order.