

Respiratory Syncytial Virus (RSV)

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)	# DOSES ON HAND	# DOSES ORDERING
For individuals 60 years and older eligible as per the Ministry of Health.	Arexvy Abryxvo		

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.

Please attach temperature logs with orders.