



**BIOLOGICALS ORDER FORM**

|                    |  |                                  |  |                                    |
|--------------------|--|----------------------------------|--|------------------------------------|
| <b>HEALTH UNIT</b> | EMAIL TO: <a href="mailto:biologicals@bccdc.ca">biologicals@bccdc.ca</a> | ORDER DATE (YYYY/MM/DD):         |  |                                    |
|                    | <b>BIOLOGICALS DESK</b><br>PHONE: 604-707-2582<br>FAX: 604-707-2581      | Sender Name & Phone:             |  |                                    |
| <b>SHIP TO:</b>    | <b>STANDARD VACCINES:</b>  | <b>Doses on hand<sup>2</sup></b> | <b>Minimum stock level<sup>1</sup></b> | <b>Doses Requested<sup>3</sup></b> |
|                    | DTaP/HB/IPV/Hib, Infanrix Hexa, 10 doses per box                         |                                  |  |                                    |
|                    | DTaP/IPV/Hib, Pediacel, 5 doses per box                                  |                                  |  |                                    |
|                    | Haemophilus influenzae type b, Act-Hib, 5 doses per box                  |                                  |  |                                    |
|                    | Hepatitis A, pediatric, Havrix 720 Junior                                |                                  |  |                                    |
|                    | Hepatitis A, adult, Vaqta Adult  |                                  |  |                                    |
|                    | Hepatitis B, infant, Engerix B Pediatric                                 |                                  |  |                                    |
|                    | Hepatitis B, dialysis, Recombivax  |                                  |  |                                    |
|                    | Hepatitis B, grade 6/adult, Engerix B                                    |                                  |  |                                    |
|                    | Human Papillomavirus, grade 6, Gardasil 9, 10 doses per box              |                                  |  |                                    |
|                    | Inactivated Polio, Imovax Polio, 1 dose per box                          |                                  |  |                                    |
|                    | Influenza, General Population and 65+, 10 doses per box                  |                                  |  |                                    |
|                    | Measles, Mumps, Rubella, Priorix, 10 doses per box                       |                                  |  |                                    |
|                    | MMRV, ProQuad, 10 doses per box  |                                  |  |                                    |
|                    | Meningococcal Conjugate C, NeisVac-C, 10 doses per box                   |                                  |  |                                    |
|                    | Meningococcal Conjugate, A/C/Y/W-135, grade 9, Nimenrix                  |                                  |  |                                    |
|                    | Pneumococcal Conjugate 13, Prevnar 13, 10 doses per box                  |                                  |  |                                    |
|                    | Pneumococcal Polysaccharide 23, Pneumovax 23, 10 doses per box           |                                  |  |                                    |
|                    | Rotavirus, Rotarix, 10 doses per box                                     |                                  |  |                                    |
|                    | Td Adsorbed, 5 doses per box   |                                  |  |                                    |
|                    | Tdap, Grade 9, Boostrix, 10 doses per box                                |                                  |  |                                    |
|                    | Tdap-IPV, Boostrix-Polio, 10 doses per box                               |                                  |  |                                    |
|                    | Varicella, Varivax III, 10 doses per box                                 |                                  |  |                                    |
| <b>NOTES:</b>      | <b>NON-STANDARD VACCINES:</b>  | <b>Approved by:</b>              |  |                                    |
|                    | Immune Serum Globulin, GamaSTAN, 2 ml per vial                           |                                  |  |                                    |
|                    | Tetanus Immune Globulin, HyperTET  |                                  |  |                                    |
|                    | Rabies Vaccine   |                                  |  |                                    |
|                    | Rabies Immune Globulin   |                                  |  |                                    |
|                    | <b>OTHER:</b>  |                                  |  |                                    |
|                    | TB Skin Test, Tubersol, 10 doses per box                                 |                                  |  |                                    |
|                    |  |                                  |  |                                    |

BCCDC will autostitute product as required.

This form is available at: <http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management>

<sup>1</sup> Minimum stock level - minimum number of doses to be always on hand - e.g. 1 month supply

<sup>2</sup> Doses on Hand - number of doses on hand at date of order (counted in fridge)

<sup>3</sup> Doses requested - number of doses requested from BCCDC, considering age cohort and upcoming clinics.

**Inventory re-ordering formula:**

Minimum stock level - doses on hand = doses requested

Example, 100 doses - 50 doses in the fridge = re-order 50 doses