Procurement of Epinephrine

Epinephrine is being provided through a federal contract. Details on procurement are as follows:

To order:
Please complete the epinephrine requisition order form (on following page 2).
- Fax the completed form to Vaccine and Pharmacy Services, BC Centre for Disease Control (BCCDC) at (604) 707-2583 by 1:00pm for same business day processing.
- Drug requisition order forms can be signed off by physicians, pharmacists, and nurse practitioners.
- All orders will be processed within 24 hours of receipt during regular business hours.

When receiving:
- Please note, transit time for shipments is typically 24 to 48 hours but may be extended in remote communities where secondary transport and schedules affect timelines.
- Please keep federally funded epinephrine stock separated from privately procured stock to restrict use for COVID-19 recipients only.
- The federally funded epinephrine will be labelled by the BCCDC Pharmacy to assist with this differentiation.

List of Amendments

<table>
<thead>
<tr>
<th>Date</th>
<th>Section</th>
<th>Description</th>
<th>Author</th>
</tr>
</thead>
</table>

Any questions or requests for revision of this document should be sent to IBCOC_Operations@phsa.ca
Requisition Form for EPINEPHrine Injection  
(Use for COVID-19 Vaccination Campaigns Only)  
Fax form to Vaccine and Pharmacy Services, BC Centre for Disease Control (BCCDC)  
Fax: (604) 707-2583 by 1:00 pm for same business day processing  

PLEASE PRINT CLEARLY.

Facility and/or Site Name

Shipping Address

Contact Name

Telephone

Fax

Special Shipping Instructions

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EPINEPHrine: epinephrine 1 mg per 1 mL (1:1000) ampoule | single-use ampoules - preservative-free

<table>
<thead>
<tr>
<th>Available Format</th>
<th>Request Quantity</th>
<th>BCCDC Pharmacy Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mL ampoule, each</td>
<td>ampoules</td>
<td>Approved Quantity</td>
</tr>
</tbody>
</table>

Reason for request:

☐ administered
☐ damaged stock
☐ expired stock
☐ other: ______________________

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Requesting Name

Requesting Signature:
(physician, pharmacist, nurse practitioner)

Date: (YYYY/MM/DD)

College ID:

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BCCDC Pharmacy Code Definitions

A = Short supply – please reorder
B = Out of stock – please reorder
C = Reduced quantity – short dating
D = Other
E = Not a stock item