

REQUEST FOR <u>POLYSACCHARIDE</u> MENINGOCOCCAL VACCINE

GROUPS A, C, Y and W-135 Combined (MENOMUNE-A/C/Y/W-135)

Please send to Biologicals Desk → Fax: (604) 707-2581, Email: biologicals@bccdc.ca

HEALTH AUTHORITY INFORMATION			
Date: dd/mm/yy		Public Health Unit: (ship to location)	
Clinical Contact Person: Name: Email: Phone: () area code	- ext		
Date and Time Delivery Required:	Date: dd/mm/yy	→ Time:	
VACCINE INDICATION			
Order MENOMUNE® only for a specific patient(s) at high risk of invasive meningococcal disease when the use of meningococcal C conjugate vaccine and quadrivalent conjugate vaccine (Groups A, C, Y, W-135) is contraindicated because of hypersensitivity. List details of hypersensitivity:			
 Intended recipient has a hypersensitivity to a component of conjugate meningococcal C or quadrivalent vaccine (Circle component: tetanus toxoid protein; diphtheria CRM197 toxoid protein; diphtheria toxoid protein; latex; unknown). 			
How has this hypersensitivity been manifest? Patient has not had a reaction, but self- reports hypersensitivity			
Patient had prior non-anaphylactic allergic event			
Patient had prior anaphylaxis			
3. Patient has been tested by an allergist (Check): Yes No Unknown			
Is this vaccine being given for post-exposure prophylaxis (to a contact of a case)? Yes / No			
Intended Recipient(s) Age	Total # of Doses		Pharmacy Use Only
< 19 years			
≥ 19 years			
PHARMACY USE ONLY			
Consult Notes:		Total Doses: Total SKUs:	
		MENOMUNE®-A/C/ 1X1 dose vial of vac diluent	Y/W-135 cine and 1x0.6 ml vial of
		Approved by:	