



BC Centre for Disease Control

REQUEST FOR MENINGOCOCCAL B VACCINE DOSES

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

For after hours requests only, contact the On Call Pharmacist → Cell: (604) 809-4670 | Pager: (604) 871-3243 to coordinate requirements.

HEALTH AUTHORITY INFORMATION				
Date: dd-mmm-yyy	Public Health Unit: (ship to location)			
Clinical Contact Person: <input style="width: 90%;" type="text"/>	<div style="border: 1px solid black; height: 100px;"></div>			
Email: <input style="width: 90%;" type="text"/>				
Phone: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> ext <input style="width: 20px;" type="text"/>				
Signature: <input style="width: 90%;" type="text"/>				
Date and Time Delivery Required: → Date: dd-mmm-yyyy → Time: <input style="width: 100px;" type="text"/>				
CASE MANAGEMENT INFORMATION				
Index Case				
Case Name: <input style="width: 90%;" type="text"/>				
Case PHN: <input style="width: 150px;" type="text"/> Date of Birth: <input style="width: 100px;" type="text"/> Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female				
Instructions: Enter the total number of contacts by age group. At the start of a series, BCCDC will issue all doses required except those required for the booster dose for infants. Booster doses for children aged 1 to 2 year(s) should be ordered subsequently when required, using this form. BCCDC Pharmacy will process all approved requests through Panorama.				Pharmacy Use Only
Contacts	Total # of Contacts	Select One	Total doses for primary series	Total doses for Booster
≥ 2 months to ≤ 5 months <i>(3 dose series + booster)</i>	<input style="width: 100%;" type="text"/> <i>select/indicate # of contacts</i>	<input type="radio"/> Primary Series <input type="radio"/> Booster	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
≥ 6 months to < 12 months <i>(2 dose series + booster)</i>	<input style="width: 100%;" type="text"/> <i>select/indicate # of contacts</i>	<input type="radio"/> Primary Series <input type="radio"/> Booster	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
≥ 12 months to ≤ 10 years > 10 years to ≤ 17 years Adults ≤ 55 years } <i>(2 dose series)</i>	<input style="width: 100%;" type="text"/> <i>select/indicate # of contacts</i>	Primary Series Only	<input style="width: 50px;" type="text"/>	
PHARMACY USE ONLY				
Consult Notes: <div style="border: 1px solid black; height: 80px;"></div>		Total Doses: <input style="width: 80px;" type="text"/> Total SKUs: <input style="width: 80px;" type="text"/> <input type="checkbox"/> Bexsero® 1 x 1 x 0.5 mL syringe Approved by: <input style="width: 150px;" type="text"/>		