



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](mailto:biologicals@bccdc.ca).

For after-hours requests only, contact the On Call Pharmacist → Switchboard: (604) 875-2161 to coordinate requirements.

HEALTH AUTHORITY INFORMATION				
Date: <i>select/indicate date</i>	Public Health Unit: (ship to location)			
Clinical Contact Person: <input style="width: 90%;" type="text"/>	<div style="border: 1px solid black; height: 100px; width: 100%;"></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: <i>select/indicate date</i> → Time: <input style="width: 100px;" type="text"/>				
CASE MANAGEMENT INFORMATION				
<b>Index Case</b>				
Case Name: <input style="width: 95%;" type="text"/>				
Case PHN: <input style="width: 200px;" type="text"/> Date of Birth: <i>select/indicate date</i> Sex: <input 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. <b>Booster doses for children aged 1 to 2 year(s) should be ordered subsequently when required, using this form.</b>				Office Use Only
Contacts	Total # of Contacts	Select One	Total doses for primary series	Total doses for Booster
2 months to 5 months of age (inclusive) <i>(3 dose series + booster)</i>	<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 11 months of age (inclusive) <i>(2 dose series + booster)</i>	<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 of age (inclusive) 11 years to 55 years of age* <i>(* Refer to BCCDC Immunization Manual)</i>	<i>select/indicate # of contacts</i>	Primary Series Only	<input style="width: 50px;" type="text"/>	
OFFICE USE ONLY				
Consult Notes: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		Total Doses: <input style="width: 60px;" type="text"/> Total SKUs: <input style="width: 60px;" type="text"/> <input type="checkbox"/> Bexsero® 1 x 1 x 0.5 mL syringe		
		Approved by: <input style="width: 150px;" type="text"/>		