**PURIFIED PROTEIN DERIVATIVE (PPD) ANTIGEN ORDER FORM**

**SUPPLY TO:**
- MAILING ADDRESS:

**CONTACT NAME:**

**PHONE NUMBER:**

**SPECIAL INSTRUCTIONS:**

**MAIL OR FAX COMPLETED FORM TO:**
- VACCINE AND PHARMACY SERVICES
  - BC CENTRE FOR DISEASE CONTROL
  - 655 WEST 12TH AVE  ROOM 1100
  - VANCOUVER BC  V5Z 4R4
- PHONE:  (604) 707-2580
- FAX: (604) 707-2583

**IMPORTANT:** Product from the manufacturer may have short dating. When ordering, please indicate the number of short dated units you will accept if longer dating is not available. The alternate dating selections are listed in columns “A” and “B”. Please use a “zero” to identify unacceptable dating.

<table>
<thead>
<tr>
<th>PRODUCT SELECTION</th>
<th>NUMBER OF UNITS ACCEPTABLE IF PRODUCT HAS SHORT DATING</th>
<th>PHARMACY USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODUCT NAME</td>
<td>NUMBER OF TEST DOSES IN EACH UNIT</td>
<td>NUMBER OF UNITS REQUIRED</td>
</tr>
<tr>
<td>Purified Protein Derivative 5 Tuberculin Units (TU) per 0.1 mL (TUBERSOL®, 1 mL vial)</td>
<td>10 TESTS</td>
<td></td>
</tr>
</tbody>
</table>

**PUBLICLY FUNDED INDICATIONS ONLY** (REFER TO THE BCCDC TB MANUAL FOR FULL DETAILS):

- Patients and Health Care Workers who may have been exposed to an active case
- High risk groups (defined by BCCDC TB Manual)
- Medically indicated

**NUMBER CODES:** (PHARMACY USE ONLY)

1. In short supply – please reorder.
2. Item out of stock – please reorder.
3. Not supplied because of short dating with no alternative requested.
5. Item discontinued.
6. Item not available at this time because of manufacturing problems.

7. ________________________________

8. ________________________________