



PURIFIED PROTEIN DERIVATIVE (PPD) ANTIGEN ORDER FORM

SUPPLY TO: MAILING ADDRESS: CONTACT NAME: PHONE NUMBER:	MAIL OR FAX COMPLETED FORM TO: VACCINE AND PHARMACY SERVICES BC CENTRE FOR DISEASE CONTROL 655 WEST 12 TH AVE ROOM 1100 VANCOUVER BC V5Z 4R4 PHONE: (604) 707-2580 FAX: (604) 707-2583
SPECIAL INSTRUCTIONS:	

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.

PRODUCT SELECTION			NUMBER OF UNITS ACCEPTABLE IF PRODUCT HAS SHORT DATING		PHARMACY USE ONLY	
PRODUCT NAME	NUMBER OF TEST DOSES IN EACH UNIT	NUMBER OF UNITS REQUIRED	A EXPIRES IN 4 TO 7 MONTHS	B EXPIRES IN 8 TO 12 MONTHS	UNITS SUPPLIED	NUMBER CODE
Purified Protein Derivative 5 Tuberculin Units (TU) per 0.1 mL (TUBERSOL®, 1 mL vial) * USE FOR PUBLICLY FUNDED INDICATIONS ONLY.	10 TESTS					

* **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.
4. Not supplied – unacceptable dating.
5. Item discontinued.
6. Item not available at this time because of manufacturing problems.

7. _____

8. _____