



BC Centre for Disease Control

PPD ANTIGEN AND BCG VACCINE ORDER FORM

SUPPLY TO: MAILING ADDRESS: PHONE NUMBER: CONTACT NAME: <hr/> SPECIAL INSTRUCTIONS:	MAIL OR FAX COMPLETED FORM TO: VACCINE AND PHARMACY SERVICES BC CENTRE FOR DISEASE CONTROL 655 WEST 12 TH AVE RM 1100 VANCOUVER BC V5Z 4R4 PHONE: (604) 707-2582 or 707-2580 FAX: (604) 707-2581
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PRODUCT SELECTION				PHARMACY USE ONLY	
PRODUCT NAME	COMPUTER CODE	NUMBER OF TESTS OR DOSES IN EACH UNIT	NUMBER OF UNITS REQUIRED	UNITS SUPPLIED	NUMBER CODE
Purified Protein Derivative 5 Tuberculin Units (TU) per 0.1 mL (TUBERSOL®, 1 mL vial) * PUBLICLY FUNDED	BID	10 TESTS			
Bacillus Calmette-Guerin (BCG) Vaccine	BOUGH	10 DOSES			
OTHER: (Please specify.)					

Purified Protein Derivative 5 Tuberculin Units (TU) 1 mL (10 TESTS per VIAL)

*** PUBLICLY FUNDED INDICATIONS ONLY:**

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

NUMBER CODES: (PHARMACY USE ONLY)

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| 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. _____ |
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