



999 Balmoral Street
Thunder Bay, ON
Phone: 807-625-5900
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Influenza Vaccine Order Form for the Universal Influenza Immunization Program 2023-2024

Phone: 807-625-5900

Fax to: 807-625-4828

Email to: VaccineOrders@tbdhu.com

Health Care Provider / Organization Name:

Date:

Phone Number:

Clinic Date:

Influenza Vaccine, Age Indication & Format		Doses on Hand	Doses Required	# of Appts Booked
Flu Products 6+ months	• FluLaval Tetra (QIV) ≥ 6 months MDV			
	• Fluzone® Quadrivalent (QIV) ≥ 6 months MDV/PFS			
Flu Products 65+ years	• Fludac® TIV-adj ≥ 65 years PFS			
	• Fluzone® High-Dose Quadrivalent (QIV) PFS			

MDV = Multi-Dose Vial

PFS = Prefilled Syringe

Please Note: You will receive the Quadrivalent (QIV) (PFS or MDV), High Dose or Adjuvanted product that we have in stock. This may change, depending on Provincial supply.

- Include a copy (at least two weeks) of your fridge temp log when placing order
- Please consider your refrigerator size when ordering
- Maintain no more than a one week supply at a time in your vaccine fridge
- Vaccine must be picked up with a hard-sided cooler and thermometer.
- Please ensure the cooler is preconditioned between 2°-8°