

**Return order forms to your local branch office:**

- Red Rock: [Redrock@tbdhu.com](mailto:Redrock@tbdhu.com)
- Terrace Bay: [Terracebay@tbdhu.com](mailto:Terracebay@tbdhu.com)
- Marathon: [Marathon@tbdhu.com](mailto:Marathon@tbdhu.com)
- Greenstone: [Greenstone@tbdhu.com](mailto:Greenstone@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	<ul style="list-style-type: none"> <li>• FluLaval Tetra (QIV) ≥ 6 months MDV</li> </ul>			
	<ul style="list-style-type: none"> <li>• Fluzone® Quadrivalent (QIV) ≥ 6 months MDV/PFS</li> </ul>			
Flu Products 65+ years	<ul style="list-style-type: none"> <li>• Fluad® TIV-adj ≥ 65 years PFS</li> </ul>			
	<ul style="list-style-type: none"> <li>• Fluzone® High-Dose Quadrivalent (QIV) PFS</li> </ul>			

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°**