



Thunder Bay District
Health Unit

COVID-19 VACCINE ORDER FORM

Attention: Vaccine Preventable Disease
Email: vaccineinventory@tbdhu.com
 Use "vaccine order" in the subject heading
Fax to: 807-625-4828

Order request date*:

Clinic name and Vaccine Event #: *

Person Accountable for Vaccine: *

Email Address: *

Telephone:

Fax:

TBDHU office hours are Monday to Friday 8:30 am – 4:30 pm

Please note: Your transportation cooler must be between 2° - 8°C at time of pick-up and during transport. If also picking up regular vaccines, you must bring a second conditioned cooler to prevent freezing.

Please note: Due to the volume of vaccine requests, your order will be ready for pick-up at least 24-hours after receipt of order.

Vaccine*	# of vials in fridge*	# of vials requested*	Lot # (for office use only)
Pfizer Comirnaty KP.2 (12+)			
Moderna Spikevax KP.2 (6 months +)			
Supplies required? Please list.			
Date of clinic*		Number of vaccines to be used in this clinic*	

Please ensure that you are filling out all the information with the asterisk (*) as we require it for vaccine planning and documentation purposes. Omitting information could result in delays to fulfilling order requests. Thank you!

Please ensure doses administered are documented in COVaxON AND Metrics Forms submitted within 48 hours of dose administration.

**PLEASE ENSURE ALL COVID VIALS ARE LABELED WITH EXPIRY DATES
BASED ON REFRIGERATION TIME**