

 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
Order request date*:		Fax to:	807-625-4828
Clinic name and Vaccine Event #: *			
Person Accountable for Vaccine: *			
Email Address: *			
Telephone:			Fax:
<p align="center">TBDHU office hours are Monday to Friday 8:30 am – 4:30 pm</p> <p>Please note: Your transportation cooler <u>must be between 2° - 8°C</u> at time of pick-up and during transport. If also picking up regular vaccines, you <u>must bring a second conditioned cooler</u> to prevent freezing.</p> <p>Please note: Place orders by 4:30 pm on Tuesdays to pick up the same week on Thursdays and Fridays between 9:00 am and 4:00 pm.</p>			
Vaccine*	# of vials in fridge*	# of vials requested*	Lot # (for office use only)
Pfizer Comirnaty LP.8.1 (5 - 11)			
Pfizer Comirnaty LP.8.1 (12+)			
Pfizer Comirnaty LP.8.1 (Other)			
Moderna Spikevax LP.8.1 (6 months +)			
Moderna Spikevax LP.8.1 (Other)			
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**