



Vaccine Order & Reporting Form for HB- Dialysis Vaccine

For Dialysis Unit Use Only

FAX COMPLETED FORM WITH TEMPERATURE LOG OF 30 MOST RECENT DAYS TO 905-465-3403

The HB-Dialysis Vaccine Administration Reporting form with dates for all prior doses administered, must be included with the order. Orders will not be approved until this information has been submitted.

PHU Use Only
Order No.:

Facility Name	Holding Point Code HAL_OK_00	Date (yyyy/mm/dd)
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Facility Contact		
Last Name	First Name	
Telephone No.	Fax No.	Email Address

Facility Address					
Unit #	Street #	Street Name	City / Town	Province	Postal Code

Requested Delivery Method Orders will be distributed according to the current [Vaccine distribution schedule](#)

- | | |
|--|---|
| <input type="checkbox"/> Pick-up Tuesday
<input type="checkbox"/> Pick-up Wednesday | <input type="checkbox"/> Delivery
(only for facilities with existing courier arrangements) |
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High-Risk Hepatitis B Vaccine Order for Dialysis Unit Use Only

- Order enough doses to bring total inventory on hand up to a maximum of 30 doses

Vaccine / Product Name	Eligibility Under the Publicly Funded High-Risk Vaccine Program	# of Doses on Hand	# of Doses Required
Hepatitis B Adult Dialysis Formulation Recombivax HB®-Adult Dialysis	Individuals on renal dialysis (2 nd and 3 rd doses only) <ul style="list-style-type: none"> Dose 1 and dose 4 are not publicly funded Refer to the Publicly Funded Immunization Schedules for Ontario for more information 		

HB-Dialysis Vaccine Administration Reporting Form

- Use this form to report information on each dose of HB-Dialysis vaccine administered at the Dialysis Unit.
- Please complete below and fax to 905-465-3403 along with your vaccine order.

Facility Name			Holding Point Code HAL_OK_00		Report Date (yyyy/mm/dd)	
Name of Patient	Date of Birth (yyyy/mm/dd)	Health Card #	Given Dose # (Dose 2 or Dose 3)	Date Dose Administered (yyyy/mm/dd)	Report Dates Previous Doses Were Administered <u>ONLY</u> if not previously reported. (yyyy/mm/dd)	
					Dose 1 Date <i><u>*Not publicly funded*</u></i>	Dose 2 Date

***Complete and fax additional pages of the Vaccine Administration Reporting Form as required.**