



Publicly Funded Influenza Vaccine Order Form 2021-2022

Fax order to local health unit (see next page). Allow at least 3 working days (Monday to Friday) to fill your order. Vaccine will be distributed based on available products and supply. We will NOT backfill orders

Clinic/Physician/Group:		Contact Person:
Address:		
Phone Number:	Ext:	Fax Number:
Date of Order:	E-mail:	

When filling out the order form you must fill in:

- number of **doses on hand** for each type of vaccine (even if you are not ordering that type)
- number of **doses requested**

Community Vaccine Provider Use Only			Health Unit Use Only		
Number of Doses on Hand	Vaccine	Number of Doses Requested	Number of Doses Distributed	Lot Number	Expiry Date
	Injectable Quadrivalent Flu Vaccine Products (6 mos and older) Flulaval Tetra* multi-dose vial Fluzone** multi-dose vial Fluzone*** pre-filled syringe				
	Afluria Tetra Quadrivalent* Multi-dose vial (5 years and older)				
	Flumist Quadrivalent Intranasal (2 years – 17 years)				
	Fluzone High-Dose Quadrivalent*** Pre-filled syringe (Orders filled only to CVPs providing vaccine to ≥65 years and living in long term care/assisted living facilities or living in First Nations communities)				

***FLULAVAL® and AFLURIA®:** once punctured, multi-dose vials must be used within 28 days

****FLUZONE®:** once punctured, multi-dose vials stored between +2°C to +8°C can be used up to the expiry date on the label

***** FLUZONE® pre-filled syringes** take up about 10 times the space of multi-dose vials, do not come with needles.

PLEASE NOTE

- Bring a hard-sided cooler (with insulation material and frozen ice packs) when you pick up vaccine
- Store vaccine in refrigerator between +2° and +8°C, in the original packaging to protect from light

For more information about Influenza vaccine eligibility, vaccine products and intended use for this year's Influenza Season, please see the [BCCDC Immunization Manual](#)

Health Unit Use Only:

Date Order Received: _____ Filled: _____ By: _____

Date Order Picked up: _____ By (signature): _____



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North Island Health Units

Campbell River Fax: 250-850-2454 #200-1100 Island Highway Campbell River, BC V9W 8C6 Phone: 250-850-2110	Comox Valley Fax: 250-331-8521 961 England Avenue Courtenay, BC V9N 2N7 Phone: 250-331-8520	Port Hardy Fax: 250-902-6072 #12-7070 Market Street, PO Box 46 Port Hardy, BC V0N 2P0 Phone: 250-902-6071
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Central Island Health Units

Cowichan Valley (Margaret Moss) Fax: 250-709-3055 675 Canada Avenue Duncan, BC V9L 1T9 Phone: 250-709-3050	Nanaimo Fax: 250-755-3369 1665 Grant Avenue Nanaimo, BC V9S 5K7 Phone: 250-755-3342	Parksville (Oceanside) Fax: 250-947-8241 494 Bay Avenue, PO Box 339 Parksville, BC V9P 2G5 Phone: 250-947-8242
Port Alberni Fax: 250-731-1316 #202-4152 Redford Street Port Alberni, BC V9Y 3R5 Phone: 250-731-1315	Tofino (Coastal Family Place) Fax: 250-725-4019 265 First Street, PO Box 1078 Tofino, BC V0R 2Z0 Phone: 250-725-4020	*See vaccine ordering schedule*

South Island Health Units

Esquimalt Fax: 250-519-5312 530 Fraser Street Victoria, BC V9A 6H7 Phone: 250-519-5311	Peninsula Fax: 250-544-2403 2170 Mount Newton X Rd Saanichton, BC V8M 2B2 Phone: 250-544-2400	Saanich Fax: 250-744-1042 3995 Quadra Street Victoria, BC V8X 1J8 Phone: 250-519-5100
Salt Spring Island Fax: 1-250-744-1042 160 Fulford-Ganges Road Salt Spring Island, BC V8K 2T8 Phone: 250-538-4880	Sooke Fax: 250-519-3491 (West Shore) 104 – 6672 Wadams Way Sooke, BC V9Z 0H3 Phone: 250-519-3487	Victoria Fax: 250-388-2249 1947 Cook Street Victoria, BC V8T 3P7 Phone: 250-388-2200
West Shore Fax: 250-519-3491 345 Wale Road Victoria, BC V9B 6X2 Phone: 250-519-3490		