

Requisition for Biological Preparations – Internal

Deliver to					Order Date:			
Site Address					Phone:			
Employee Requesting:					Fax:			
Vaccine Components	Unit Size	Base Order	Doses on Hand	Doses ordered	Provincial Depot Use Only			
					Lot #	Expiry Date	Doses Shipped/Rec'd	
Diphtheria, Tetanus, Acellular Pertussis	10 Dose							
Diphtheria, Tetanus, Acellular Pertussis & Polio	10 Dose							
Diphtheria, Tetanus, Acellular Pertussis & Haemophilus influenzae type b	5 Dose							
Haemophilus influenzae type b	5 Dose							
Hepatitis A Adult	Single dose							
Hepatitis A Pediatric	Single dose							
Hepatitis A & B Adult	Single dose							
Hepatitis A & B Pediatric	Single dose							
Hepatitis B Adult	Single dose							
Hepatitis B Pediatric	Single dose							
Hepatitis B Dialysis	Single dose							
Inactivated Polio Virus	Single dose							
Human Papillomavirus	10 Dose							
Influenza	10 dose							
Measles, Mumps, Rubella & Varicella	10 dose							
Meningococcal A,C,Y, W135	5 dose							
Meningococcal C	5 dose							
Measles, Mumps, Rubella	10 dose							
Pneumococcal Conjugate	10 dose							
Pneumococcal Polysaccharide	10 dose							
Rabies	1 ml. vial							
Rabies Immunoglobulin	2 ml vial							
Tetanus & Diphtheria	5 dose							
Tetanus Immune Globulin	Single vial							
Tetanus, Diphtheria & Polio	5 dose							
Varicella	10 dose							
5.T.U. PPD Mantoux	10 test vial							
Rotavirus	Single dose							
Order filled by:		Date & Time:		Site notified of Delivery: <input type="checkbox"/>				
Order received by:		Date & Time:		Returned copy of Packing Slip: <input type="checkbox"/>				