

MEN-C-ACYW (Menactra®/Menveo®) Vaccine Batch Order

Publicly Funded eligibility criteria:

• For adults born on or after January 1, 1997 **OR** students in Grades 8 to 12; **AND** have never received Men-C-ACYW (Menactra®/Menveo®) vaccine

Important considerations to be reviewed by health care provider:

- Not for high-risk clients, travellers or contact management
- Not for students in Grade 7

Fax: 905-666-6214

- Men-C-ACYW (Menactra®/Menveo®) is routinely given by the Durham Region Health Department to Grade 7 students through school based immunization clinics
- If the client received the vaccine through school **do not repeat**. If uncertain, contact the Durham Health Connection Line at **1-800-841-2729**

Order quantities based on practice size:

Individual Practice:	Order: 5 dos e	es
Practices with 2 to 5 providers:	Order: 10 dos	ses
Practices with 6 to 10 provider	s: Order: 15 do s	ses
Practices with 10 or more prov	iders: Order: 20 dos	ses
Ordering Office Information:		
Fridge #:	Order Date:	
Physician Name:	Contact Na	me:
Phone #:	Back Line #:	Fax #:
Number of Men-C-ACYW dos	ses in your inventory:	
Number of Doses Ordered: [☐ 5 doses ☐ 10 doses ☐ 15 do	oses □ 20 doses
I agree to provide this vaccine	as per the Publicly Funded elig	ibility criteria listed above.
Signature of Health Care Provider:		Date:
Fax completed form along w	ith fridge temperatures from	last vaccine order date
Please fax this form to the si	ite where you pick up your va	ccine:
Whitby:	Port Perry:	Pickering:
605 Rossland Road East,	181 Perry Street,	<u> </u>
Whitby, ON	Port Perry, ON	Pickering, ON
Phone: 905-668-7711	Phone: 905-985-4889	Phone: 905-420-878

If you have questions, please call the Vaccine Storage and Handling Line at 905-668-7711 x3063

Fax: 905-982-0840

Fax: 905-420-9765