

# Manitoba Health Immunizing Agents and Biologics Order Form



Fax or E-Mail the completed form to: Provincial Vaccine Warehouse

Fax: 204-942-6212 Ph: 204-948-1333 Toll Free: 855-683-3306 E-Mail: [vacmda@gov.mb.ca](mailto:vacmda@gov.mb.ca)

Order monthly to ensure inventory control and waste reduction • Product substitution may occur in the event of supply shortage

Date: mm / dd / yyyy

Client ID #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

Immunizing Agents for Travel, Occupational Health or Educational purposes are **not** provided by Manitoba Health (MH) (exception of Rabies and Influenza Vaccines that are provided for Occupational Health). To view the Eligibility Criteria for ordering product at no charge from Manitoba Health refer to [www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html](http://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html)

MH recommends that dosing schedules be verified with the current *Canadian Immunization Guide* and product monographs.

Immunizing Agents and Biologics	Brand	Packaging (Check preferred packaging if applicable)	No. of Boxes	Product Code
<b>Routine Immunization Stock</b>				
DTaP-IPV-Hib (5 in 1)	Pediacel®	Single dose vial - 5 per box		1715001
DTaP-IPV (4 in 1)	Quadracel®	Single dose vial - 5 per box		1715002
HB (Hep B <b>Pediatric</b> Thimerosal-free)	Recombivax HB® 5ug/0.5ml Pediatric	Single dose vial - 1vial per box		1715003
HPV (Human Papillomavirus)	Gardasil®	<input type="checkbox"/> Single dose vial - 1 per box ( <b>Limited quantities released to physicians</b> )		1715004
		<input type="checkbox"/> Single dose vial - 10 per box ( <b>Public Health only</b> )		1715005
Seas Inf (Influenza)	Fluviral®	10 dose vial - 1 per box		1715006
Seas Inf (Influenza Thimerosal-free)	Agriflu® (limited quantities released)	Single dose syringe - 10 per box		1715007
Men-C-C (Meningococcal Conjugate)	Neisvac-C™	Single dose syringe - 10 per box		1715009
MMR & diluent (Mumps, Measles, Rubella)	Priorix®	Single dose vial - 10 per box		1715010 / 1715048
MMRV & diluent (Mumps, Measles, Rubella, Varicella)	Priorix-Tetra™	Single dose vial - 10 per box		1715040 / 1715048
Pneu-C-13 (Pneumococcal Conjugate)	Prevnar®13	Single dose syringes - 10 per box		1715011
Pneu-P-23 (Pneumococcal Polysaccharide)	Pneumovax 23®	<input type="checkbox"/> Single dose vial - 1 per box		1715012
		<input type="checkbox"/> Single dose vial - 10 per box		1715013
Td (Tetanus Diphtheria)	Tetanus Diphtheria Adsorbed (≥7 yrs)	Single dose vial - 5 per box		1715014
Tdap (tetanus diphtheria, acellular pertussis)	Boostrix®	Single dose syringe - 10 per box		1715015
	Adacel® (for latex allergies only)	Single dose vial - 1 per box		1715016
<b>Non-Routine Immunization Stock - May Require Manitoba Health Approval and Verification of Eligibility Criteria</b>				
HA (Hepatitis A)	<input type="checkbox"/> Vaqta® (pediatric 1-17yrs) <input type="checkbox"/> Havrix™ 720 ( <b>18yrs only</b> ) <input type="checkbox"/> Havrix™ 1440 (adult ≥19yrs)	Single dose vial - 1 per box		1715019
		Single dose syringe - 1 per box		1715020
		Single dose vial - 1 per box		1715021
HB (Hepatitis B) - <b>Eligible Adult Contacts &amp; Renal Clients (40ug/dose)</b>	Engerix® -B 20ug/ml (adult)	Single dose vial - 1 per box - <b>2 boxes required for one adult renal dose</b>		1715022
HAHB (Hepatitis A and B)	<input type="checkbox"/> Twinrix® Junior <input type="checkbox"/> Twinrix® Adult	Single dose syringe - 1 per box		1715023
		Single dose syringe - 1 per box		1715024
HBIG (Hepatitis B Immune Globulin)	HyperHep B™	<input type="checkbox"/> 0.5 ml syringe - 1 per box		1715025
		<input type="checkbox"/> 5.0 ml vial - 1 per box		1715026
HIB ( <i>Haemophilus influenzae</i> type B)	Act-Hib®	Single dose vial - 5 per box		1715027
IG (human-Immune Globulin)	GamaSTAN™ SD	Single use (2 ml) vial - 1 per box		1715028
IPV (Inactivated Polio Vaccine)	Imovax® Polio	Single dose syringe - 1 per box		1715029
Men-C-ACYW-135 (Meningococcal Conj.)	Menactra™ (high risk 2 - 55 yrs)	Single dose vial - 1 per box		1715030
Men-P-ACYW-135 (Meningococcal Polysac.)	Menomune® (high risk > 55 yrs)	Single dose vial - 1 per box		1715031
Rab (Rabies)	RabAvert®	Single dose vial + diluent (syr) - 1 per box		1715041
TIG (Tetanus Immune Globulin)	HyperTet™ S/D	Single dose syringe - 1 per box		1715033
Tuberculin PPD-S for Mantoux testing <b>Note:</b> All orders will require approval	Tubersol® <b>**FNIH: order through GMHS**</b>	10 dose vial - 1 per box		1715034
Var & diluent (Varicella)	Varivax III®	Single dose vial - 1 per box		1715017 / 1715046
<b>Emergency Stock - Requires MOH Approval - contact local PH office for MOH or after regular hours at (204) 788-8666</b>				
RabIG (Rabies Immune Globulin)	HyperRab™	Vial - 2 ml (150IU/ml)		1715035

Product must be stored in a temperature monitored refrigerator that is kept between 2-8 °C. For more information see the Manitoba Health Cold Chain Resources Website at [www.gov.mb.ca/health/publichealth/cdc/coldchain.html](http://www.gov.mb.ca/health/publichealth/cdc/coldchain.html).