

High Risk Hepatitis B Vaccine Requisition

Order Information		<i>Press submit button on the last page</i>			
Holding Point Code RMP_MS_	Physician/Practice Name				
Address		City	Province ON	Postal Code	Telephone Number
Office Contact Name		Email Address			
HIGH RISK Hepatitis B Vaccine Eligibility – Please select one eligibility group ONLY					
<input type="checkbox"/> History of a sexually transmitted disease (3 doses) <input type="checkbox"/> Intravenous Drug Use/Methadone Use (3 doses) <input type="checkbox"/> Liver Disease (chronic) including Hepatitis C (3 doses) <input type="checkbox"/> Awaiting liver transplants (2nd and 3rd doses only) <input type="checkbox"/> Men who have sex with men (3 doses)			<input type="checkbox"/> Multiple sex partners (3 doses) <input type="checkbox"/> Needle stick injuries in a non- health care setting (3 doses) <input type="checkbox"/> On renal dialysis or those with disease requiring frequent receipt of blood products (eg haemophilia)(2 nd and 3 rd doses only)		
Is your patient immunocompromised <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes above, Are you requesting a higher dosing for your patient?- Please see Canadian Immunization Guide Hep B vaccine table 3- see link: Hepatitis B Vaccine: Canadian Immunization Guide - Canada.ca <input type="checkbox"/> Yes <input type="checkbox"/> No					
Patient Initials (Last, First)	Date of Birth (YYYY/MM/DD)	Gender	Latex Allergy	# of Doses Required <i>Doses approved based on publicly funded criteria</i>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

For Health Care Providers approved for BULK Hepatitis orders		
# of Adult doses required	# of Renal doses required	# of Pediatric doses required

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Child < 7 Years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses)

Patient Initials (Last, First)	Date of Birth (YYYY/MM/DD)	# of Doses Required <i>Doses approved based on publicly funded criteria</i>	Patient Initials (Last, First)	Date of Birth (YYYY/MM/DD)	# of Doses Required <i>Doses approved based on publicly funded criteria</i>
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Delivery or Pick-Up Preference – Please select one ONLY

Please allow 5 business days to process high risk orders

Fairview – 325 Central Parkway West, Unit 21, Mississauga

Hurontario – 7120 Hurontario Street, Mississauga

Brampton – 10 Peel Centre Dr, Brampton

Paid vaccine delivery (must be a registered participant) *refer to delivery schedule*
Requested delivery date (YYYY/MM/DD): _____

Accountability Statement – Must be completed to process this request

As per CIG: Routine pre-immunization serologic testing for HBsAg or anti-HBs is recommended for people at high risk of infection, including individuals with potential percutaneous or mucosal exposure to HB.

By submitting this order I (your name) _____ verify on behalf of the practice that the fridge storing publicly funded vaccine, at the location listed above, maintains cold chain temperatures (between +2.0 C to +8.0 C), meets MOHLTC Vaccine Storage & Handling Guidelines and maximum, minimum and current temperatures have been recorded twice daily. I understand that we may be required to provide accurate temperature logs upon request and that temperature logs must be kept on-site for a minimum of three (3) years.

SIGNATURE

DATE (YYYY/MM/DD)

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Region of Peel Office Use ONLY

APPROVED

NOT APPROVED

Date: _____

Assigned PHN: _____

Comments: _____

This information is being collected pursuant to the *Health Protection and Promotion Act R.S.O. 1990 c. H. 7* and will be retained, used, disclosed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56*, and Personal Health Information Protection Act 2004, c.3. This information will be used by Peel Public Health for the purposes of the administration and evaluation of the Communicable Disease investigations and Vaccine Management and Physician Information teams. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street P.O. Box 630 RPO Streetsville Mississauga, ON L5M 2C1. 905-799-7700