

## Cervarix Vaccine Order Form – IH East

<p><b>Please fax order to the attention of the Prevention Services Assistant at the nearest Health Unit:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Castlegar: 250 304-4303</td> <td style="width: 50%;">Invermere: 250 342-2373</td> </tr> <tr> <td>Cranbrook: 250 420-2295</td> <td>Kimberley: 250 427-7389</td> </tr> <tr> <td>Creston 250 428-3880</td> <td>Midway: 250 449-2889</td> </tr> <tr> <td>Grand Forks: 250 443-3180</td> <td>Nakusp: 250 265-3104</td> </tr> <tr> <td>Kaslo: 250 353-2738</td> <td>Nelson: 250 505-7211</td> </tr> <tr> <td>Fernie: 250 423-8280</td> <td>Trail: 250 364-6218</td> </tr> <tr> <td>Golden: 250 344-2817</td> <td>Sparwood: 250 425-2378</td> </tr> </table>	Castlegar: 250 304-4303	Invermere: 250 342-2373	Cranbrook: 250 420-2295	Kimberley: 250 427-7389	Creston 250 428-3880	Midway: 250 449-2889	Grand Forks: 250 443-3180	Nakusp: 250 265-3104	Kaslo: 250 353-2738	Nelson: 250 505-7211	Fernie: 250 423-8280	Trail: 250 364-6218	Golden: 250 344-2817	Sparwood: 250 425-2378	<p><b>Name of Physician, Pharmacy, Clinic or Group:</b></p> <p>_____</p> <p><b>Contact Person:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phone:</b> _____ <b>Fax:</b> _____</p>
Castlegar: 250 304-4303	Invermere: 250 342-2373														
Cranbrook: 250 420-2295	Kimberley: 250 427-7389														
Creston 250 428-3880	Midway: 250 449-2889														
Grand Forks: 250 443-3180	Nakusp: 250 265-3104														
Kaslo: 250 353-2738	Nelson: 250 505-7211														
Fernie: 250 423-8280	Trail: 250 364-6218														
Golden: 250 344-2817	Sparwood: 250 425-2378														

**NUMBER of Cervarix vaccine DOSES REQUESTED** \_\_\_\_\_

**\*\* Cervarix vaccine will be distributed based on available supply\*\***

**Important info about Cervarix vaccine:**

- Will be available for a one-time program for females born in 1991, 1992 and 1993.
- Is provided in a 3 dose series at 0, 1 and 6 months.
- Comes in a single dose preloaded syringe without needles.

For information about Cervarix vaccine, see the BCCDC Immunization Manual available at [www.bccdc.ca](http://www.bccdc.ca): on the right hand side, click on Information for... Health Professionals, scroll down to Guidelines and Forms, choose CD Control manual and see Chapter 2 Immunization program.

**PLEASE NOTE:**

- Cold chain must be maintained to ensure the potency of the vaccine.
- Bring a hard-sided cooler with ice packs when you pick up the vaccine.
- Store vaccine in the refrigerator between 2 and 8 °C.
- Return any expired or damaged vaccine to the local Health Unit.

*Health Unit use only*

Date order received: \_\_\_\_\_ Date order filled: \_\_\_\_\_

Date order picked up \_\_\_\_\_ by (Signature) \_\_\_\_\_

Doses of Cervarix vaccine provided: \_\_\_\_\_ Lot # \_\_\_\_\_ Expiry Date \_\_\_\_\_