

Cervarix Vaccine Order Form – IH West

<p>Please fax order to the attention of the Prevention Services Assistant at the nearest Health Unit:</p> <p>100 Mile: 250 395-7675 Kamloops: 250 851-7301 Ashcroft: 250 453-1952 Lillooet: 250 256-1332 Barriere: 250 672-5144 Logan Lake: 250 378-3287 Chase: 250 679-5329 Merritt: 250 378-3287 Clearwater: 250 674-2477 Williams Lake: 250 302-5002</p>	<p>Name of Physician, Pharmacy, Clinic or Group:</p> <p>_____</p> <p>Contact Person: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p>
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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: 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 _____