

COVID-19 and Influenza Vaccine Order Form

Pharmacy/Physician ordering COVID-19 vaccine: _____

Pharmacy/Physician address: _____

Pharmacy/Physician Telephone: _____

Date: _____

Product	# of Doses Requested	Product Provided	# of Doses Provided
Pfizer-BioNTech XBB COVID-19 Vaccine for ages 12 and older* (6 doses per vial)			
Pfizer-BioNTech XBB COVID-19 Vaccine for ages 5-11* (6 doses per vial)			
Pfizer-BioNTech XBB COVID-19 Vaccine for ages 6 months – 4 years*/** (10 doses per vial)			
Moderna Spikevax XBB COVID-19 Vaccine* (multi-dose vial; 5-10 doses)			
Influenza Vaccine*** (10 doses per vial)			

*Low Dead Space syringes for administration of COVID-19 vaccine must be ordered separately through the COVID-19 and Influenza Vaccine Supplies Order Form

**Dilution is required with 2.2mLs of normal saline.

***Influenza High Dose vaccine is not available to order

EASTERN ZONE			
Mount Pearl Square Vaccine Depot Telephone: 709-752-4886 cdcprogramfax@easternhealth.ca Fax: 709-752-4873	Holyrood Vaccine Depot Telephone: 709-229-1572 Fax: 709-229-1589	Clarenville Vaccine Depot Telephone: 709-466-5716 Fax: 709-466-5718	Marystown Vaccine Depot Telephone: 709-279-7935 Fax: 709-279-7936
CENTRAL ZONE			
Telephone: 709-651-6238 Fax: 709-651-6483			
WESTERN ZONE			
Telephone: 709-784-5417 Fax: 709-637-5160			
LABRADOR-GRENFELL ZONE			
Telephone: 709-285-8410/709-897-3110 Fax: 709-896-4393			

For Vaccine Depot Completion:

Date Order Received: _____ Date Order Sent from depot: _____