

# Vaccine Order Form

Vaccine Ordering Site: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Product	# of Doses Requested	# of Doses Provided
COVID-19 vaccine for 12 years of age and older*		
COVID-19 vaccine for under 12 years of age*		
Influenza vaccine for individuals 65 years of age and older		
Influenza vaccine for individuals under the age of 65		
MMR vaccine		
Tdap vaccine		
Pneumococcal Conjugate vaccine (PCV20)		
RSV vaccine (for residents of senior congregate living facilities) Please specify facility:		
Shingles vaccine		

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

EASTERN ZONE			
280 East White Hills Road Vaccine Depot (previously Mount Pearl Square) Telephone: 709-752-4886 Fax: 709-752-4873 <a href="mailto:cdcprogramfax@easternhealth.ca">cdcprogramfax@easternhealth.ca</a>	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 Email: <a href="mailto:CDC.DepotWZ@nlhealthservices.ca">CDC.DepotWZ@nlhealthservices.ca</a>			
LABRADOR-GRENFELL ZONE			
Telephone: 709-897-2144/709-897-2271 Fax: 709-896-4393			

*NLHS depot staff will work to process your order as promptly as possible. To ensure you receive your order on time please ensure that you submit orders at least 7 days prior to your scheduled shipment date.*

For Vaccine Depot Completion:

Date Order Received: \_\_\_\_\_ Date Order Sent from depot: \_\_\_\_\_