

Provincial Vaccine Order Form

Vaccine Ordering Site: _____

Address: _____

Telephone: _____

Date: _____

Before placing order, please ensure you have adequate storage capacity to accommodate products now available in pre-filled syringe format.

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 If ordering for residents of senior congregate living facilities, please provide name of facility:		
Shingles vaccine		
HPV vaccine		

EASTERN ZONE			
280 East White Hills Road Vaccine Depot Telephone: 709-752-4886 Fax: 709-752-4873 VaccineDepot.Urban@nlhealthservices.ca	Holyrood Vaccine Depot Telephone: 709-229-1572 Fax: 709-229-1589 VaccineDepot.Holyrood@nlhealthservices.ca	Clareville Vaccine Depot Telephone: 709-466-5716 Fax: 709-466-5718 VaccineDepot.Clareville@nlhealthservices.ca	Marystown Vaccine Depot Telephone: 709-279-7935 Fax: 709-279-7936 VaccineDepot.Marystown@nlhealthservices.ca
CENTRAL ZONE			
Telephone: 709-651-6238 Fax: 709-651-6483			
WESTERN ZONE			
Telephone: 709-784-5417 Fax: 709-637-5160 Email: CDC.DepotWZ@nlhealthservices.ca			
LABRADOR-GRENFELL ZONE			
Telephone: 709-897-2144/709-897-2271 Fax: 709-896-4393			

For Vaccine Depot Completion:

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