Region of Peel
working with you

High Risk Hepatitis B Vaccine Requisition

Order Information					***Press submit button on the last page or Fax completed form to 905-565-9874***
Holding Point Code **RMP_MS_**	Physician/Practice Name				
Address	City	Province **ON**	Postal Code	Telephone Number	Fax Number
Office Contact Name	Email Address				

HIGH RISK Hepatitis B Vaccine Eligibility – Please select one eligibility group ONLY

☐ **History of a sexually transmitted disease (3 doses)**	☐ **Multiple sex partners (3 doses)**
☐ **Intravenous Drug Use/Methadone Use (3 doses)**	☐ **Needle stick injuries in a non- health care setting (3 doses)**
☐ **Liver Disease (chronic) including Hepatitis C (3 doses)**	☐ **On renal dialysis or those with disease requiring frequent receipt of blood products (eg haemophilia)(2nd and 3rd doses only)**
☐ **Awaiting liver transplants (2nd and 3rd doses only)**	
☐ **Men who have sex with men (3 doses)**	

Is your patient immunocompromised ☐ Yes ☐ No

If you answered yes above, Are you requesting a higher dosing for your patient?- Please see Canadian Immunization Guide Hep B vaccine table 3- see link: Hepatitis B Vaccine: Canadian Immunization Guide - Canada.ca ☐ Yes ☐ No

Patient Initials (Last, First)	**Date of Birth** (YYYY/MM/DD)	**Gender**	**Latex Allergy**	**# of Doses Required** *Doses approved based on publicly funded criteria*
			☐ Yes ☐ No	

For Health Care Providers approved for BULK Hepatitis orders

# of Adult doses required	**# of Renal doses required**	**# of Pediatric doses required**

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Child < 7 Years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses)

Patient Initials (Last, First)	**Date of Birth** (YYYY/MM/DD)	**# of Doses Required** *Doses approved based on publicly funded criteria*	**Patient Initials** (Last, First)	**Date of Birth** (YYYY/MM/DD)	**# of Doses Required** *Doses approved based on publicly funded criteria*
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Delivery or Pick-Up Preference – Please select one ONLY — Please allow 5 business days to process high risk orders

☐ **Fairview** – 325 Central Parkway West, Unit 21, Mississauga ☐ **Hurontario** – 7120 Hurontario Street, Mississauga

☐ **Brampton** –10 Peel Centre Dr, Brampton

☐ **Paid vaccine delivery** (must be a registered participant) *refer to delivery schedule*
Requested delivery date (YYYY/MM/DD):_____

Accountability Statement – Must be completed to process this request

As per CIG: Routine pre-immunization serologic testing for HBsAg or anti-HBs is recommended for people at high risk of infection, including individuals with potential percutaneous or mucosal exposure to HB.

By submitting this order I (your name)_____ verify on behalf of the practice that the fridge storing publicly funded vaccine, at the location listed above, maintains cold chain temperatures (between +2.0 C to +8.0 C), meets MOHLTC Vaccine Storage & Handling Guidelines and maximum, minimum and current temperatures have been recorded twice daily. I understand that we may be required to provide accurate temperature logs upon request and that temperature logs must be kept on-site for a minimum of three (3) years.

_____ _____

SIGNATURE DATE (YYYY/MM/DD)

High Risk Hepatitis B Vaccine Requisition

Region of Peel Office Use ONLY	
☐ **APPROVED** ☐ **NOT APPROVED**	Date: _____
Assigned PHN: _____	Comments: _____

This information is being collected pursuant to the *Health Protection and Promotion Act R.S.O. 1990 c. H. 7* and will be retained, used, disclosed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56*, and Personal Health Information Protection Act 2004, c.3. This information will be used by Peel Public Health for the purposes of the administration and evaluation of the Communicable Disease investigations and Vaccine Management and Physician Information teams. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street P.O. Box 630 RPO Streetsville Mississauga, ON L5M 2C1. 905-799-7700

Submit