

## Vaccine Order Form

Pharmacy/Physician ordering COVID-19 vaccine: \_\_\_\_\_

Pharmacy/Physician address: \_\_\_\_\_

Pharmacy/Physician 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		
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	Marystow 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: \_\_\_\_\_