

Respiratory Syncytial Virus (RSV) Products Order Form

<p>FAX COMPLETED FORM TO 905-465-3403</p> <p>A temperature log with 30 most recent days must be included with the order if your facility has not ordered other vaccines within the same ordering cycle using the online vaccine ordering system.</p>	<p>PHU Use Only</p> <p>Order No.:</p>
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Section 1: Facility Information

Facility Name		Holding Point Code HAL_OK_00		Date	
Facility Contact Last Name		First Name			
Telephone No.		Fax No.		Email Address	
Facility Address					
Unit #	Street #	Street Name	City/Town	Province	Postal Code
<p>Requested Delivery Method Orders will be distributed according to the current Vaccine Distribution Schedule*</p> <p> <input type="checkbox"/> Pick-up Tuesday <input type="checkbox"/> Pick-up Wednesday <input type="checkbox"/> Delivery (only for facilities with existing courier arrangements) </p>					

Section 2: Product and Eligibility Criteria

RSV Prevention Program for Infants and High-Risk Children Refer to the Ministry of Health for program eligibility details			
PRODUCT	INDICATION	# OF DOSES ON HAND	# OF DOSES REQUIRED
Beyfortus® 50mg (Nirsevimab)	Infants < 5kg		
Beyfortus® 100mg (Nirsevimab)	Infants and high-risk children ≥ 5kg		
Abrysvo™	Pregnant individuals 32-36 weeks gestation, who will deliver during the RSV season (November – April) *Note that Nirsevimab is preferred over Abrysvo for the prevention of RSV in infants. Refer to NACI Statement on the Prevention of RSV Disease in Infants		

High-Risk Older Adult Program

Refer to [the Ministry of Health](#) for program eligibility details

PRODUCT	ELIGIBILITY CRITERIA FOR DOSES ORDERED	# OF DOSES ON HAND	# OF DOSES REQUIRED
Arexvy / Abrysvo™	<input type="checkbox"/> Resident of a Long-Term Care or Retirement Home Facility: _____ _____		
	Vaccine to be administered by dialysis unit <input type="checkbox"/> Receiving hemodialysis or peritoneal dialysis		
	<input type="checkbox"/> Patients in hospital receiving alternate level of care (ALC)		
	<input type="checkbox"/> Individuals experiencing homelessness		
	<input type="checkbox"/> Individuals who identify as First Nations, Inuit, or Métis		
	Vaccine to be administered by the transplant unit for patients currently under their care <input type="checkbox"/> Recipients of solid organ or hematopoietic stem cell transplants		