

Respiratory Syncytial Virus (RSV) Order Form

		FA	X ORD	ER TO:	613–96	
HEALTH CARE PROVIDER / FACILITY NAME: Contact Person: Phone Number: Approximate number of rostered patients:		Number of Fridge Private Number: Number of Provid				
 Orders must be submitted 3 business days prior to pick up. Orders must include the previous 4-week temperature log. Maintain a minimal supply in your fridge to avoid wastage (orders may be limited by HPEPH). Coolers must be between 2-8°C for vaccine to be released. 		timely manner. To minimize wastage of ensure there is available providers booking vace ensure that quantities criteria and upcoming your practice for infatteria.	of this very limited supply and lity for other health care cination appointments, please ordered align with eligibility g appointments booked at nt Beyfortus® vaccination. 613-966-5500 ext. 222.			
Abrysvo®				# of doses ur fridge	_	sted # of
Pregnant individuals at 32-36 weeks gestation						
Arexvy®/ Abrysvo®						
 60 years of age and over and Residents of long-term care homes, Elder Care Lehomes Patients in hospital receiving alternate level of casimilar settings (e.g., complex continuing care, heprograms) Patients receiving hemodialysis or peritoneal dianonal Recipients of solid organ or hematopoietic stem Individuals experiencing homelessness Individuals who identify as First Nations, Inuit, or 	are (Anospitant)	LC) including al transitional ransplants				
Beyfortus®						
 All infants under 12 months entering their first RSV Infants up to 24 months entering their second RSV seligibility. 			50 mg	100 mg	50 mg	100 mg
Location to be picked up (please check): Belleville Trenton Picton Bancroft			I	I	I	