

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Use this form if you hold an existing account for vaccine ordering from York Region Public Health and profile information is required to be updated.
2. Complete all mandatory fields (*) and all applicable fields below.
3. Email your completed form to VaccineInventory@york.ca and a member of our Vaccine Inventory Team will contact you with further instructions. You may also fax the completed form to **905-830-0578**.
4. Visit york.ca/VaccineInventory for more information, or contact us at VaccineInventory@york.ca or **1-877-464-9675 ext. 74033**.

SECTION 2 – HEALTHCARE PROVIDER IDENTIFICATION

*Holding Point Code: YOR_NW_

*Contact Name:

*Phone Number:

SECTION 3 – UPDATE TO FACILITY NAME/ADDRESS/CONTACT INFORMATION

Update to Facility Name:

Unit Number:

Street Number:

Street Name:

City/Town:

Postal Code:

Phone number:

Fax:

Email:

An on-site cold chain maintenance inspection of the vaccine refrigeration unit may be required. If applicable, a member of the Vaccine Inventory program will be in contact with you to schedule an inspection.

SECTION 4 – UPDATE TO VACCINE REFRIGERATOR

Adding, removing, replacing, or moving a refrigerator within a facility:

Select action: Addition Removal Replacement Move within Facility

An on-site cold chain maintenance inspection of the vaccine refrigeration unit may be required. If applicable, a member of the Vaccine Inventory program will be in contact with you to schedule an inspection.

Complete and submit pages 1 and 2



Request to Update Vaccine Ordering Account Profile Form

SECTION 5 – UPDATE TO IMMUNIZERS AT FACILITY

*Number of Immunizers:

Name	License Number	Specialty (If applicable)	Addition/Removal
1.			
2.			
3.			
4.			
5.			

SECTION 6 – FACILITY CLOSURE

*Date of Closure:

Ensure minimal stock is maintained leading up to the facility closure to avoid unnecessary wastage of publicly funded vaccines. Any vaccines remaining upon facility closure must be returned to York Region Public Health with a completed [Non-Reusable Vaccine Wastage Form](#).

SECTION 7 – ACCOUNTABILITY STATEMENT

By submitting this form, I verify on behalf of the practice that all information provided are accurate and true. I understand that changes to the facility location or vaccine refrigerator unit must be reported immediately to York Region Public Health and may require a cold chain maintenance inspection by a member of the Vaccine Inventory program prior to continued storage of publicly funded vaccines. The owner/operator will comply with all required steps ensuing from the change(s) to ensure that publicly funded vaccines in the practice’s custody are safely stored and handled. Furthermore, for facility closures, all due diligence will be taken to mitigate and minimize the wastage of publicly funded vaccines by maintaining no more than what is required to complete patient care until the date of the facility’s closure.

*Print Name of Facility Contact

*Signature

*Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Panorama Updated:

Versatile Updated:

VOICES Updated:

Inspector Notified:

RAVE Updated: