



Type or print clearly. Complete all fields, as appropriate, to avoid a delay in reimbursement.

Part A: Influenza Clinic Information and Part B: Vaccine Provider Information. Includes fields for Facility Hosting Clinic, Agency Administering Vaccine, Address, City/Town, Postal Code, and Contact person for Facility/Agency.

Part C: Vaccine Supply Source. Includes checkboxes for Health Unit and Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) Client No.

Part D: Clinic Category (please check only one box from the list below). Includes checkboxes for Community Care Access Centre, Community Health Centre, Long-Term Care Home, Public Hospital, and Other (specify).

Part E: Clinic Information. Table with columns for Clinic Location, Clinic Date, Vaccine Lot Number(s) Used At Clinic, Vaccine Wastage (in Doses), and Total Doses Administered. Includes a summary row for Total Amount (\$5/Dose).

Part F: Vaccination Coverage Data for Clinic. Table with columns for Category, Age (Years) (6 months to <2 yrs, 2 to <5, 5 to 18, 19 to 64, 65 or older), and Sub-Totals.

Part G: Authorization, Terms and Conditions. Text block containing legal disclaimer and terms of service for the UIIP.

(1a) Authorized Signing Officer at Facility Hosting Clinic (requesting reimbursement). Includes a certification statement and signature fields.

(1b) Authorized Signing Officer of Agency Administering Vaccine. Includes a certification statement and signature fields.

Forward completed form for signoff to the location where the vaccine was obtained (see Part G instructions on reverse).

(2) Health Unit / OGPMSS Use Only. Includes fields for Health Unit Delegate or OGPMSS Designate Approval, Name, Signature, and Date Submitted to Ministry.

(3) Ministry Use Only. Includes fields for Public Health Division Rep., Date, and Fax/Attn: UIIP Coordinator.

The *Vaccine Utilization Invoice* needs to be completed for each clinic held. Please ensure that the invoice is completely filled out, as incomplete invoices will not be processed.

Part A: Influenza Clinic Information

Facility Hosting Clinic and Address

Refers to the name and location of the facility (site) where the clinic was held, e.g., the business corporation name, **NOT** the agency contracted to administer the vaccine. **This is the agency requesting reimbursement.**

Contact Person for Facility and Telephone No.

This is the person who will ensure the information on the form is complete and accurate.

Part B: Vaccine Provider Information

Agency Administering Vaccine and Address

Refers to the name and location of the agency that is administering vaccine at the clinic (if applicable).

Contact Person for Agency and Telephone No.

This is the person who will ensure the information on the form is complete and accurate.

Part C: Vaccine Supply Source

Indicate whether the vaccine was obtained from a health unit (please specify the name of the health unit), or from the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) (please specify your OGPMSS Client No.).

Note: It is required that the vaccine be obtained from the jurisdiction in which the clinic is held.

Part D: Clinic Category

Check the one (1) box from the list that identifies your clinic type.

In order to be eligible for reimbursement, the following criteria must be met:

- Operated/sponsored by one of the four Authorized Clinic Categories as indicated on the invoice
- Open to the public (i.e. open and accessible to any eligible vaccine recipient who lives, works or attends school in Ontario)
- Widely advertised in the community (i.e. pre-event promotion in areas visible/accessible to **all** members of the public)
- Publicly funded vaccine must be used
- Influenza immunization must be provided free of charge to the vaccine recipients
- The Ministry of Health and Long-Term Care must not be billed for these immunizations through another mechanism.

Part E: Clinic Information

Completed *Vaccine Utilization Invoice* forms should be submitted to the vaccine supply source (i.e. health unit or OGPMSS) as quickly as possible, and **within 10 working days after the date of the influenza immunization clinic**. A separate *Vaccine Utilization Invoice* must be completed for each clinic held.

Clinic Location

Identify the name of the facility location, including the address, where the clinic was held if different that in Part A.

Clinic Date

Follow date format provided. **For clinics lasting more than one day, enter each day on a separate *Vaccine Utilization Invoice* form.**

Vaccine Lot Number(s) Used At Clinic

Enter the vaccine lot number(s) associated with each clinic.

Vaccine Wastage

Enter the number of doses wasted (e.g. breaking cold chain conditions, <10 doses drawn up from vial, etc.) for each Vaccine Lot No. used.

Note: 1 vial = 10 doses at 0.5 ml/dose

Total Doses Administered At Clinic

Enter the total doses administered for each vaccine lot number.

Total Vaccine Wastage for Clinic

Enter the SUM of wastage for all Vaccine Lot Nos. used for the clinic.

Total Doses Administered at Clinic

Enter the SUM of all doses administered for the clinic.

Total Amount (\$5/Dose)

Multiply the Total Doses for ALL Clinics by \$5.00 to determine the reimbursable amount.

Part F: Vaccination Coverage Data for Clinic

As a condition of receiving publicly funded influenza vaccine to administer, all vaccine doses (administered and wasted) must be reported to the Ministry on the *Vaccine Utilization Invoice*.

For the clinic identified on the invoice, enter the **aggregate totals** for "Risk Groups" and "General Population" across the appropriate age group(s) and gender identified. Add each of the rows for a total sum.

- "Risk Groups" refer to people at high risk of influenza-related complications **and** people capable of transmitting influenza to those at high risk of influenza-related complications.
- "General Population" includes healthy persons aged 2 to 64 years, who should be encouraged to receive the vaccine, even if they are not in one of the aforementioned groups.

Note: The **Sub-totals** (by row) for the "Risk Groups" and "General Population" must add up to the **Total Doses Administered at Clinic**.

Part G: Authorization, Terms and Conditions

A signature of authorization is required from both the facility hosting the clinic and the agency administering the influenza vaccine at the clinic. If the facility hosting the clinic is the same as the agency administering the vaccine, only one signature is required (see 1a).

1a. Authorized Signing Officer at Facility Hosting Clinic (requesting reimbursement)

The Authorized Signing Officer at the facility hosting the clinic is responsible for ensuring that the *Vaccine Utilization Invoice* is complete and that the amount being claimed for reimbursement is accurate. The Authorized Signing Officer should be a regulated health professional as defined under the *Regulated Health Professions Act, 1991*. The name, signature of the Authorized Signing Officer and the date the invoice was submitted to the health unit or OGPMSS are required to validate the accuracy and completeness of the information provided.

1b. Authorized Signing Officer of Agency Administering Vaccine

If an agency has administered the vaccine on behalf of the facility hosting the clinic, then the Authorized Signing Officer of the agency administering vaccine should be a regulated health professional as defined under the *Regulated Health Professions Act, 1991*.

Forward form for signoff to the location where the vaccine was obtained:

- For clinics that received the vaccine from a health unit:**
Health Unit from which the vaccine was obtained
- For clinics that received the vaccine from OGPMSS:**
Fax: 416-327-0818

2. Health Unit / OGPMSS Use Only

A signature is required from either the health unit or OGPMSS, depending upon where the vaccine was obtained, verifying that the invoice form has been reviewed. Health units are responsible for contacting the facility hosting the clinic if information is incomplete.

3. Ministry Use Only

Health units or OGPMSS, as appropriate, will forward the invoice(s) to the Ministry for approval.

Note: Ministry staff will not process the form until the invoice is signed by either the health unit delegate or the OGPMSS designate.