

**Ordering Institution Information**

Provide information on the order.	Physician/Pharmacist	Institution (check one) <input type="checkbox"/> Trillium <input type="checkbox"/> CVH <input type="checkbox"/> WOHC <input type="checkbox"/> Other _____
	Contact Person	Order requested by (printed name)
	Telephone No.	Fax No.

**Bicillin Order Request**

Provide any comments.	Number of bulk units requested:  PLEASE NOTE: One bulk unit= 3 Boxes x 10 1.2 million IU syringes (30 syringes) (15 single dose treatments or 5 three-dose treatments)
	Comments:

Fax order to Healthy Sexuality Program 905-565-0399	<b>Note** Bicillin must be stored and transported in cold chain temperature range (between +2.0°C to +8.0°C). Orders will be processed in 5 business days.</b>
	By submitting this order, I _____ verify on behalf of the practice that the fridge storing publicly funded vaccines/medication at the location listed above, maintains cold chain temperatures (between +2.0° C to+8.0°C degrees) and meets the MOHLTC Vaccine Storage and Handling Guidelines. I understand that we may be required to provide accurate temperature logs upon request and the temperature logs must be kept on-site for a minimum of 3 years.  Signature _____ Date _____

**For Region of Peel Office Use Only**

Order Packed by: _____	Lot no.: _____	<table border="1"> <tr> <td><b>B</b></td> <td><b>K</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>B</b>	<b>K</b>		
<b>B</b>	<b>K</b>					
Date sent: _____ <small>YYYY/MM/DD</small>	Expiry date(s): _____					

Order Approved By Healthy Sexuality PHN _____	Extension _____
Date _____ <small>YYYY/MM/DD</small>	