



Hamilton

Vaccine Program Inventory
110 King Street West, 2nd Floor, Hamilton, ON L8P 4S6
Phone: 905-546-2424 ext 2161 • Fax: 905-546-3472
PublicHealth.Medorders@hamilton.ca

Tuberculin Special Order Form
for Publicly Funded Tubersol®

Practice Name: _____
Client ID: _____
(must be filled out for order to be processed)
Address: _____
City: _____ Postal Code: _____
Phone number: _____
Fax Number: _____

Tuberculin Ordering Process:

- 1. Refer to the Tuberculin Eligibility Criteria below. In the table:
a. Record the patient(s)' name(s), gender(s), date(s) of birth.
b. Record the corresponding eligibility criteria number(s)
2. All vaccine orders must be faxed to 905-546-3472 along with 4 weeks of logged (twice daily) current, minimum and maximum temperatures with your facility's name clearly identified on the log sheets. Vaccine will not be released if log sheets are not received.

Table with 5 columns: Last Name, First Name, Gender (M/F), Birth Date (YYYY-MM-DD), Eligibility Criteria (Example: 2g). The table is currently empty.

Tuberculin Eligibility Criteria

- 1) Clients are identified contacts of an active TB case.
2) TB skin testing is medically indicated.
(a) HIV/AIDS
(b) Transplantation
(c) Silicosis
(d) Chronic renal failure requiring hemodialysis
(e) Head and neck carcinoma.
(f) Fibronodular disease or granuloma on CXR
(g) Diabetes mellitus
(h) Immunosuppressant therapy (e.g., anti-tumour necrosis factor drugs, biologics, glucocorticoids - equivalent to Prednisone ≥15 mg per day)
3) Residents less than 65 years of age entering Long-Term Care Homes
4) Clients who require TB skin testing for admission or continuation in a day care, pre-school, school, community college, university, or other educational institution

Fax this form to 905-546-3472

DO NOT COMPLETE THIS SECTION • FOR PUBLIC HEALTH USE ONLY

Table with 4 columns: Quantity, Lot #, Description, Unit Released. Row 1: Tuberculin, 10 dose vial.