

 WORK STANDARD	Name of Activity: Routine and Urgent COVID-19 Vaccine Requests – Via Panorama Inventory Module		
	Role Performing Activity: SHA/ISC/NITHA authorized staff		
	Location: COVID-19 Immunization Manual		Department: SHA, ISC, NITHA, RRPL
	Document Owner: MoH/RRPL		Work Standard originated: MoH
	Date Prepared: 2022-02-14	Last Revision: 2023-10-04	Date Approved: 2022-03-24

Summary: This work standard explains how to order COVID-19 vaccines within the regular routine vaccine ordering and delivery schedule and how to order COVID-19 vaccines on an urgent basis in **exceptional circumstances**. For urgent requests, the Roy Romanow Provincial Laboratory (RRPL) vaccine depot must be notified by telephone. The urgent COVID-19 vaccine request must then be completed by the requester through Panorama.

IMPORTANT NOTE: In addition to the requirements outlined in this work standard, **COVID-19 vaccine inventory must also continue to be tracked** as outlined in the [COVID-19 Vaccine Inventory Tracking and Reporting](https://www.ehealthsask.ca/services/Manuals/Pages/COVID-19.aspx) work standard found in the COVID-19 Immunization Manual: <https://www.ehealthsask.ca/services/Manuals/Pages/COVID-19.aspx>

Task Sequence	Tasks																								
1.	<ul style="list-style-type: none"> The requester completes the required and mandatory fields in the Panorama Inventory Module. It is very important that the number of <u>doses</u> be ordered, and not the number of <u>vials</u>. See number of doses per vial of COVID-19 vaccines in Table 1. <p>Table 1</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Vaccine name</th> <th style="text-align: center;">Doses per vial ordered in Panorama</th> </tr> </thead> <tbody> <tr> <td>Moderna Spikevax™ XBB.1.5 (0.1mg/ml; Royal Blue Cap/Coral Blue Label)</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Pfizer Comirnaty® 12+ XBB.1.5 (0.3ml [30mcg]; Grey cap/label)</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Pediatric Pfizer Comirnaty® 5-11 Years XBB.1.5 (0.3 ml [10mcg]; Blue cap/Label)</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Infant Pediatric Pfizer Comirnaty® 6 months to 4 years XBB.1.5 (0.2ml [3mcg]; Maroon cap/label)</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Novavax Nuvaxovid™ original vaccine</td> <td style="text-align: center;">10</td> </tr> </tbody> </table>	Vaccine name	Doses per vial ordered in Panorama	Moderna Spikevax™ XBB.1.5 (0.1mg/ml; Royal Blue Cap/Coral Blue Label)	5	Pfizer Comirnaty® 12+ XBB.1.5 (0.3ml [30mcg]; Grey cap/label)	6	Pediatric Pfizer Comirnaty® 5-11 Years XBB.1.5 (0.3 ml [10mcg]; Blue cap/Label)	6	Infant Pediatric Pfizer Comirnaty® 6 months to 4 years XBB.1.5 (0.2ml [3mcg]; Maroon cap/label)	10	Novavax Nuvaxovid™ original vaccine	10												
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2.	<p>For COVID-19 vaccine requests within the regular routine vaccine ordering and delivery schedule:</p> <ul style="list-style-type: none"> The vaccine will be shipped according to manufacturer recommendations at the lowest temperature possible. See Table 2 below. If the receiving site prefers a different transport temperature, the requester must document the temperature range the vaccine is to be shipped at (e.g., 2-8°C, -XX°C to -YY°C) in the comments section (see red circle in picture below). <p>Table 2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Vaccine</th> <th style="text-align: center;">Quantity to Ship</th> <th style="text-align: center;">Transport Temperature</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Moderna Spikevax Bivalent BA.4/5 (0.1mg/ml; Royal Blue Cap/Coral Blue Label)</td> <td style="text-align: center;">Full box (increments of 50 doses) OR Partial box</td> <td style="text-align: center;">-50 to -15°C</td> </tr> <tr> <td rowspan="2">Pfizer Comirnaty® 12+ XBB.1.5 (0.3ml [30mcg]; Grey cap/Label)</td> <td style="text-align: center;">Full box (increments of 60 doses)</td> <td style="text-align: center;">-90 to -60 °C</td> </tr> <tr> <td style="text-align: center;">Partial box</td> <td style="text-align: center;">+2 to +8 °C</td> </tr> <tr> <td rowspan="2">Pediatric Pfizer Comirnaty® 5-11 Years XBB.1.5 (0.3 ml [10mcg]; Blue cap/Label)</td> <td style="text-align: center;">Full box (increments of 60 doses)</td> <td style="text-align: center;">-90 to -60 °C</td> </tr> <tr> <td style="text-align: center;">Partial box</td> <td style="text-align: center;">+2 to +8 °C</td> </tr> <tr> <td rowspan="2">Infant Pediatric Pfizer Comirnaty® 6 months to 4 years XBB.1.5 (0.2ml [3mcg]; Maroon cap/Label)</td> <td style="text-align: center;">Full box (increments of 100 doses)</td> <td style="text-align: center;">-90 to -60 °C</td> </tr> <tr> <td style="text-align: center;">Partial box</td> <td style="text-align: center;">+2 to +8 °C</td> </tr> <tr> <td>Novavax Nuvaxovid™ original vaccine</td> <td style="text-align: center;">Any amount</td> <td style="text-align: center;">+2 to +8°C</td> </tr> </tbody> </table>	Vaccine	Quantity to Ship	Transport Temperature	Moderna Spikevax Bivalent BA.4/5 (0.1mg/ml; Royal Blue Cap/Coral Blue Label)	Full box (increments of 50 doses) OR Partial box	-50 to -15°C	Pfizer Comirnaty® 12+ XBB.1.5 (0.3ml [30mcg]; Grey cap/Label)	Full box (increments of 60 doses)	-90 to -60 °C	Partial box	+2 to +8 °C	Pediatric Pfizer Comirnaty® 5-11 Years XBB.1.5 (0.3 ml [10mcg]; Blue cap/Label)	Full box (increments of 60 doses)	-90 to -60 °C	Partial box	+2 to +8 °C	Infant Pediatric Pfizer Comirnaty® 6 months to 4 years XBB.1.5 (0.2ml [3mcg]; Maroon cap/Label)	Full box (increments of 100 doses)	-90 to -60 °C	Partial box	+2 to +8 °C	Novavax Nuvaxovid™ original vaccine	Any amount	+2 to +8°C
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Create New Requisition

* Required field

Requisition ID: - Requisition Type: -

* Ship To Holding Point: MooseJawPHO - Moose Jaw Public Health [Refresh](#) | [Search](#)

Requestor Document Reference Number: Requestor Requisition Date: 2022 / 03 / 22

yyyy mm dd

* Ship-to Address: 1000B Albert Street, Moose Jaw SK S6H 2Y1, Canada

Use Ad Hoc Address [Generate Ad hoc Address](#)

Ad Hoc Ship-to Address:

* Bill-to Address: 1000B Albert Street, Moose Jaw SK S6H 2Y1, Canada

Use Ad Hoc Address [Generate Ad hoc Address](#)

Ad Hoc Bill-to Address:

* Required Delivery: Next scheduled Requested Delivery/Pickup Date:

Urgent Reason:

Preferred Delivery Method: Commercial delivery vehicle, refrigerated Carrier Name:

Ship-to Instructions:

Delivery Zone:

Requestor Contact Name: Inventory Contact

Requestor Phone Number: (306) 691 1524 ext.

Recipient:

* Ship From Holding Point: SKProvDepot

Comments:

Requisition Packing Slip Comments:

Status: -

Pick Up By Name: Backordered Requisition ID(s):

Actual Shipped Date: -

Actual Delivered Date: -

Shipped Comments: -

[Show History](#) [Add Catalogue Item\(s\)](#) [Add Order Set](#)

3.

For urgent requests in exceptional circumstances only:

The requester will telephone one of the RRPL vaccine depot staff indicating that an **urgent** COVID-19 vaccine requisition for COVID-19 vaccine ‘brand/formulation’ and number of doses will be submitted in Panorama.

RRPL contact numbers:

Storeperson/Purchasing Clerk 306-787-0415 or 306-787-7638
 Supervisor, Materials Management & Vaccine Distribution 306-787-7104

Note: In order to ensure urgent requests are addressed in the appropriate timeframe, the requester(s) is asked to not leave a voicemail but to **ensure they speak directly with one of the vaccine depot staff.**

The requester identifies the **Required Delivery** as **Urgent** (see red circle below) and enters the **Requested Delivery/Pickup Date** (see blue circle below). The requestor must identify the **Urgent Reason** (see red circle below) from the drop down window. If the Ship-to Address for the COVID-19 vaccine is different from the ordering site, please identify this in the **Comments** field (see green circle below).

Fulfillment by Product
 Pick/Pack/Ship Product
 Receive Product
 Product Delivery Request
 Manage PDRs
 Receive Product
 Product Returns
 Forecast Product Demand
 Plan Replenishment
 Inventory Maintenance
 Inventory Setup
 Product Lot
 Contract
 Supplier
 Catalogue Item
 Order Set
 Holding Point Profile
 Holding Point Location
 Document Management
 Reporting & Analysis
 Notifications

*** Required field**
Requisition ID: - **Requisition Type:** -
*** Ship To Holding Point:** MooseJawPHO - Moose Jaw Public He [Refresh](#) [Search](#)
Requestor Document Reference Number: **Requestor Requisition Date:** 2022 / 03 / 21
yyyy mm dd
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 Use Ad Hoc Address [Generate Ad hoc Address](#)
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 Use Ad Hoc Address [Generate Ad hoc Address](#)
Ad Hoc Bill-to Address:
*** Required Delivery:** Urgent ▾ *** Requested Delivery/Pickup Date:** 2022 / 3 / 22
yyyy mm dd
*** Urgent Reason:** **Preferred Delivery Method:** Refrigerated ▾ **Carrier Name:**
 Client Requirement
 Community, outbreak
 Community, post exposure
 Product Shortage
 Replacement[more...]
Ship-to Instructions:
Delivery Zone:
Requestor Contact Name:
Requestor Phone Number: (306) 691 1524 ext.
Recipient:
*** Ship From Holding Point:** SKProvDepot ▾
Comments:
Requisition Packing Slip Comments:
Status: -

The vaccine will be shipped according to manufacturer recommendations at the lowest temperature possible. See Table 2 above.

If the receiving site prefers a different transport temperature, the requester must document the temperature range the vaccine is to be shipped at (e.g., 2-8°C, -XX°C to -YY°C) in the comments section (see red circle in picture below).

Manage Requisitions



[Submit Requisition](#) [Create New Requisition](#) [Cancel](#) [Print](#)

Create New Requisition
* Required field

Requisition ID: - **Requisition Type:** -

*** Ship To Holding Point:** [Refresh](#) | [Search](#)

Requestor Document Reference Number: **Requestor Requisition Date:** / /
yyy mm dd

*** Ship-to Address:**
 Use Ad Hoc Address [Generate Ad hoc Address](#)

Ad Hoc Ship-to Address:

*** Bill-to Address:**
 Use Ad Hoc Address [Generate Ad hoc Address](#)

Ad Hoc Bill-to Address:

*** Required Delivery:** **Requested Delivery/Pickup Date:**

Urgent Reason:

Preferred Delivery Method: **Carrier Name:**

Ship-to Instructions:

Delivery Zone:

Requestor Contact Name:

Requestor Phone Number: () ext.

Recipient:

*** Ship From Holding Point:**

Comments:

Requisition Packing Slip Comments:

Status: -

Pick Up By Name: **Backordered Requisition ID(s):**

Actual Shipped Date: -

Actual Delivered Date: -

Shipped Comments: -

[Show History](#) [Add Catalogue Item\(s\)](#) [Add Order Set](#)

Requisition Item Summary View

4.

The requester completes any remaining required fields and submits the requisition.