

Instructions: Submit the completed checklist(s) with the completed Application Form to the Drug Plan and Extended Benefits Branch (DPEBB) by March 15, 2021 via:

E-mail: DPEBimmunizations@health.gov.sk.ca

Fax: 306-798-2022

1) Pharmacy Information: (please print)

Pharmacy Name	DPEBB Pharmacy Number	
Address	City	Postal Code
Phone Number	Fax Number	

2) Contact Information (Pharmacist(s) who will be immunizing): (please print)

Contact Name(s)	E-Mail Address
1.	1.
2.	2.
3.	3.
4.	4.

Requirements and Resources

- The provision of Saskatchewan Health's publicly funded COVID-19 vaccine is based on eligibility criteria as determined by the vaccine used and the Ministry of Health sequencing
- Refer to the Drug Plan and Extended Benefits Branch online COVID-19 resources at <https://formulary.drugplan.ehealthsask.ca/News>
- Refer to the Ministry of Health COVID-19 Immunization Manual for information and resources on COVID-19 Immunization at <https://www.ehealthsask.ca/services/Manuals/Pages/COVID-19.aspx>
- Refer to the Saskatchewan Health website at <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-vaccine/vaccine-delivery-phases#how-to-get-immunized> for information on COVID-19 vaccine delivery phases.
- Vaccines are to be stored between -15°C to -25°C or 2°C to 8°C in an appropriate temperature-monitored freezer or refrigerator. Refer to Chapter 9 of the Saskatchewan Immunization Manual (SIM) at <https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter9.pdf>
- **BAR REFRIGERATORS MUST NOT BE USED FOR VACCINE STORAGE.**

I have reviewed Chapter 9 of the SIM and have the proper storage and temperature monitoring devices and procedures as indicated in the attached checklist, in place.

I acknowledge and agree that this pharmacy may be audited at any time for compliance.

Signed: _____

Date: _____ YYYY/MM/DD

Printed Name: _____

Designation: Pharmacist

For Ministry of Health Use Only:

Reviewed By	Date	Approved	Comments
	YYYY/MM/DD	<input type="checkbox"/> Y <input type="checkbox"/> N	
	YYYY/MM/DD	<input type="checkbox"/> Y <input type="checkbox"/> N	