



# Product Order Form

	Price	Qty	Cost	Tax (Note 1)	Total Cost (Including Tax)
<b>Analyze-ERR®</b> Software Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<b>CPhIR</b> The Community Pharmacy Incident Reporting (CPhIR) Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<b>Medication Safety Self-Assessment®</b> Hospitals, Canadian Version	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Complex Continuing Care and Rehabilitation Facilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Long Term Care Facilities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Community / Ambulatory Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Operating Room Checklist (Version 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<b>Resource Kits</b> Getting Started Kit: Medication Reconciliation in Long-Term Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Getting Started Kit: Medication Reconciliation in Acute Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Getting Started with Storage Safeguards to Minimize the Risk of Harm with Unfractionated Heparin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Narcotic (Opioid) Medication Safety Initiative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Potassium Chloride Resource Kit (KCI) binder or CD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<b>Safety Bulletins</b> ISMP Canada Safety Bulletin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
ISMP (US) Medication Safety Alert! Acute Care Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
ISMP (US) Medication Safety Alert! Community/Ambulatory Care Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
ISMP (US) Medication Safety Alert! Nurse Advise-ERR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<b>FMEA Booklets</b> Canadian Failure Mode and Effects Analysis Framework®	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<b>Beyond Blame</b> Beyond Blame DVD (French subtitles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>

**Mail to: ISMP Canada 4711 Yonge Street, Suite 501 Toronto, ON M2N 6K8** along with payment, or fax this form to **1-416-733-1146**

Miss  Ms.  Mrs.  Mr.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City Province Postal Code

Email Address: \_\_\_\_\_

### Payment Method

Hospital Cheque (enclosed)  Personal Cheque (enclosed)  Visa®  MasterCard®

**If paying by Visa/MasterCard**, please provide the following information:

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Total Amount: \$

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note 1: Customers should add tax (i.e. GST or HST) at the rate in effect in the province of the customer's place of business.**