

***This form to precede all RSV Forms submitted via fax***

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Date: \_\_\_\_\_

From: \_\_\_\_\_

at Fax Number: \_\_\_\_\_

To: BC RSV Immunoprophylaxis Program.....

FAX 1-877-625-7555 or 604-875-2879

Contact Information: Grace Burns **604 875-2867**/Cheryl Christopherson **604 875-2345x7872**

Number of pages (including this page): \_\_\_\_\_

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