

Vaccine Loss Form

INSTRUCTIONS

Providers participating in the Adult Vaccine Program are required to report all vaccine loss that results in unusable vaccine (including expired, spoiled, and wasted). Submit completed form via email (WAAAdultVaccines@doh.wa.gov) or fax (Attn: Adult Vaccine Program at 360.236.3814).

STEP 1: Provide the facility information where the vaccine loss occurred.

FACILITY INFORMATION

| | |
|--|------------|
| Date: | PIN: |
| Facility Name: | |
| Address: | |
| City: | Zip: |
| Contact Name: | Telephone: |
| Email (vaccine return shipping label will be sent to the address listed here): | |

STEP 2: Record the number of doses, vaccine product details, and the reason for the vaccine loss.

| Vaccine Name | Number of Doses | Lot Number | NDC Number | Expiration Date | Vaccine Code (see below) |
|-----------------------|-----------------|---------------|----------------------|-------------------|--------------------------|
| <i>Example: Hep A</i> | <i>10</i> | <i>L01234</i> | <i>00006-4096-02</i> | <i>04/05/2020</i> | <i>1</i> |
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Vaccine Loss Codes:

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|---|----------------------------------|------------|
| 1. Expired | 5. Natural disaster/power outage | 9. Wasted |
| 2. Spoiled: Refrigerator too cold | 6. Vaccine spoiled in transit | 10. Other: |
| 3. Spoiled: Refrigerator too warm | 7. Lost or Missing | |
| 4. Failure to store properly upon receipt | 8. Mechanical failure | |

STEP 3: Describe the cause(s) leading to the vaccine loss and plan of action to prevent future incidents.

Cause(s) leading to vaccine loss:

Action plan to prevent future loss:

STEP 4: Submit this form. Allow time for processing to receive your vaccine return shipping label. For non-viable vaccine that's returnable make sure to take the vaccine out of the storage unit and label it, "Do not use." Doses can be returned in original packaging. The vaccine return label will be received by email from: Pkginfo@ups.com.