Vaccine Wastage Reporting Form

Location Name: _____

Contact: _____

Phone Number: _____

Vaccine Name: _____

Vials Wasted: _____

Doses Wasted:_____

Expiry Date of Vaccine: _____

Reason for Wastage:

_____

_____

_____

_____

Expired vaccine may be discarded on site. Quantities and type of vaccine must be reported to the CPHO for inventory management using this form.

At this time, Provincial Pharmacy is accepting product returns for Abrysvo only.

Please submit completed forms to jegreen@ihis.org or by fax: 902-620-3354