



## Vaccine Wastage Reporting Form

Location Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Vaccine Name:** \_\_\_\_\_

Vials Wasted: \_\_\_\_\_

Doses Wasted: \_\_\_\_\_

Expiry Date of Vaccine: \_\_\_\_\_

Reason for Wastage:

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**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, Pharmacare is accepting product returns for Abrysvo only.\**

Please submit completed forms to [jegreen@ihis.org](mailto:jegreen@ihis.org) or by fax: 902-620-3354