

# VACCINE INVENTORY REPORT

PIN \_\_\_\_\_ Practice \_\_\_\_\_ Contact \_\_\_\_\_ Report Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

INSTRUCTIONS: Record temperatures before counting inventory. Record the number of doses for each vaccine. Estimate the number of doses left in opened multi-dose vials. Only count vaccine provided at no cost by VDH. Do not include any chargeable vaccine or previously reported wasted vaccine. Return completed report to the Division of Immunization.

<b>VACCINE</b>	<b>REFRIGERATOR 1</b>		<b>REFRIGERATOR 2</b>		<b>REFRIGERATOR 3</b>	
	Refrigerator	Freezer	Refrigerator	Freezer	Refrigerator	Freezer
DTaP	<i>Infanrix</i>					
	<i>Daptacel</i>					
	<i>Tripedia</i>					
DTaP-Hep B-IPV	<i>Pediarix</i>					
DTaP-IPV-Hib	<i>Pentacel</i>					
DTaP-IPV	<i>Kinrix</i>					
Hepatitis A	<i>Havrix</i>					
	<i>Vaqta</i>					
Hepatitis B <i>pediatric</i>	<i>Engerix-B</i>					
	<i>Recombivax</i>					
Hib	<i>PedvaxHib</i>					
	<i>ActHib</i>					
	<i>Hiberix</i>					
HPV	<i>Gardasil</i>					
	<i>Cervarix</i>					
Influenza (6-35 mos)	<i>Fluzone</i>					
Influenza (36 mos-18 yrs)	<i>Fluzone</i>					
Influenza (36 mos-18 yrs)	<i>Fluarix</i>					
Influenza (6 mos-18 yrs)	<i>Fluzone MDV</i>					
Influenza LAIV	<i>FluMist</i>					
IPV <i>pediatric</i>	<i>Ipol</i>					
IPV <i>adult</i>	<i>Ipol</i>					
MCV4 – <i>Meningococcal Conjugate</i>	<i>Menactra</i>					
	<i>Menveo</i>					
MMR <i>pediatric</i>	<i>MMR II</i>					
MMR <i>adult</i>	<i>MMR II</i>					
MMR-Varicella	<i>ProQuad</i>					
PCV13 - <i>Pneumococcal Conjugate</i>	<i>Prennar 13</i>					
Rotavirus	<i>Rotateq</i>					
	<i>Rotarix</i>					
Td <i>pediatric</i>	<i>Akorn/Mass Biologics</i>					
	<i>Decavac</i>					
Td <i>adult</i>	<i>Merck</i>					
Tdap	<i>Boostrix</i>					
	<i>Adacel</i>					
Tdap <i>adult</i>	<i>Boostrix</i>					
Varicella	<i>Varivax</i>					
<b>SPECIAL ORDER ONLY VACCINES:</b>						
Hepatitis A&B combination <i>adult HR (STD/FP clinic)</i>	<i>Twinrix</i>					
Hepatitis B <i>adult high risk (STD/FP clinic)</i>	<i>Engerix-B</i>					
Hepatitis A <i>adult</i>	<i>Havrix</i>					
DT <i>pediatric, high risk</i>						
Hepatitis B - 2 dose <i>adolescent</i>	<i>Recombivax HB</i>					
PPV-23 - <i>Pneumococcal Polysaccharide</i>	<i>Pneumovax</i>					
Zoster	<i>Zostavax</i>					

Phone (800) 568-1929 or (804) 864-8055  
 Fax (804) 864-8090 or 8089

11/21/11, LHD