VVFC VACCINE INVENTORY REPORT

PIN_____ Report Date_____

Practice_____ Contact_____

Address_____ Phone_____

_____ Fax_____

INSTRUCTIONS: Conduct vaccine inventory only for the designated quarter. Before counting the vaccine, record refrigerator and freezer temperatures. Record the number of doses, not vials, for each vaccine. Estimate the number of doses left in any opened, multi-dose vials. Only count the vaccine provided at no cost by the Department of Health. Do not include any privately purchased vaccine in your inventory. Any expired or wasted vaccine already reported via VVFC Return Form should not be included in the inventory. Return completed report to the Division of Immunization.

VACCINE		REFRIGERATOR 1 Temperatures Refrigerator_____ Freezer_____	REFRIGERATOR 2 Temperatures Refrigerator_____ Freezer_____	REFRIGERATOR 3 Temperatures Refrigerator_____ Freezer_____
DTaP	***Infanrix***			
	Daptacel			
	Tripedia			
DTaP-Hep B-IPV	***Pediarix***			
DTaP-IPV-Hib	***Pentacel***			
DTaP-Hib	***TriHibit***			
DTaP-IPV	***Kinrix***			
Hepatitis A	***Havrix***			
	Vaqta			
Hepatitis B - 3 dose series	***Engerix-B***			
	Recombivax			
Hib	***PedvaxHib***			
	ActHib			
Hep B-Hib	***Comvax***			
HPV	***Gardasil***			
Influenza (6 months-35 months)	***Fluzone***			
Influenza (36 months-18 years)	***Fluzone***			
Influenza LAIV	***FluMist***			
IPV	***Ipol***			
MCV4 - Meningococcal Conjugate	***Menactra***			
MMR	***MMR II***			
MMR-Varicella	***ProQuad***			
PCV-7 - Pneumococcal Conjugate	***Prevnar***			
Rotavirus	***Rotateq***			
	Rotarix			
Td	***Akorn/Mass Biologics***			
	Decavac			
Tdap	***Boostrix***			
	Adacel			
Varicella	***Varivax***			
SPECIAL ORDER ONLY VACCINES:				
DT *pediatric, high risk*				
Hepatitis A&B comb. *adult high risk (STD clinic)*	***Twinrix***			
Hepatitis B - 2 dose *adolescent*	***Recombivax HB***			
Hepatitis B *adult high risk (STD clinic)*	***Engerix-B***			
MPSV4 - Meningococcal Polysaccharide	***Menomune***			
PPV-23 - Pneumococcal Polysaccharide	***Pneumovax***			
OTHER:				

Division of Immunization, P.O. Box 2448
109 Governor Street, Room 314 West
Richmond, VA 23218

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

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