

VACCINE PHYSICAL INVENTORY FORM



DATE: _____

- Instructions:** 1. Complete this form before you order VFC vaccine.
 2. Transfer all lot numbers, expiration dates, and total doses on hand from this form to your VFC vaccine order.

REFRIGERATOR

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	Additional Space			TOTAL DOSES ON HAND
						LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	
DTaP	<input type="checkbox"/> DAPTACEL–vials	10							
	<input type="checkbox"/> Infanrix–vials	10							
	<input type="checkbox"/> Infanrix–syringes	10							
DTaP/ IPV	<input type="checkbox"/> Kinrix–vials	10							
	<input type="checkbox"/> Kinrix–syringes	5							
DTaP/ Hep B/ IPV	Pediarix–syringes								
DTaP/ IPV/ Hib	Pentacel–vials	5							
Hep A	<input type="checkbox"/> VAQTA–vials	10							
	<input type="checkbox"/> Havrix–vials	10							
	<input type="checkbox"/> Havrix–syringes	10							
Hep B	<input type="checkbox"/> ENGERIX B–vials	10							
	<input type="checkbox"/> ENGERIX B–syringes	10							
	<input type="checkbox"/> RECOMBIVAX–vials	10							
Hib	<input type="checkbox"/> PedvaxHIB–vials	10							
	<input type="checkbox"/> Hiberix–vials	10							
	<input type="checkbox"/> ActHIB–vials	5							
HibMenCY	MenHibrix–vials	10							
HPV	<input type="checkbox"/> Cervarix–vials*	10							
	<input type="checkbox"/> Cervarix–syringes*	5							
	<input type="checkbox"/> Gardasil–vials	10							
IPV	IPOL–vials	10							
MCV	<input type="checkbox"/> Menactra–vials	5							
	<input type="checkbox"/> Menveo–vials	5							
MenB	<input type="checkbox"/> Bexsero–syringes*	10							
	<input type="checkbox"/> Trumenba–syringes*	10							
PCV	Prennar–syringes	10							
PPSV23	Pneumovax–vials*	10							
Rota	<input type="checkbox"/> Rotarix–vials	10							
	<input type="checkbox"/> RotaTeq–tubes	10							
	<input type="checkbox"/> RotaTeq–tubes	25							
Td	<input type="checkbox"/> Tenivac–vials	10							
	<input type="checkbox"/> Tenivac–syringes	10							
Tdap	<input type="checkbox"/> ADACEL–vials	10							
	<input type="checkbox"/> ADACEL–syringes	5							
	<input type="checkbox"/> BOOSTRIX–vials	10							
	<input type="checkbox"/> BOOSTRIX–syringes	10							

FREEZER

Varicella	VARIVAX–vials	10							
MMR	MMR-II–vials	10							
MMR-V	Proquad–vials	10							

* Highlights indicate special order VFC vaccines