

ADULT VACCINE RETURNED/WASTED/EXPIRED REPORT

Date _____

Name of Facility _____

PIN # _____

Report Submitted by: _____ Phone _____ FAX# _____

**Do Not Throw Away Expired/Wasted Vaccine. Return vaccines along with this form immediately to the Immunization Program
899 North Capitol Street NE, 3rd Floor. Washington, DC 20002. Phone (202) 576-9319; Fax (202) 541-5906**

Vaccine	# of Doses Expired	# of Doses Wasted	Reason for Wastage		# of Doses Returned Due to Short Dating	Vial Size	Lot Number	Expiration Date	Manufacturer
TD (ADULT)									
TDAP (ADULT)									
HEPATITIS A (ADULT)									
HEPATITIS B (ADULT)									
HEP A-B (TWINRIX) (ADULT)									
MMR (ADULT)									
VARICELLA (ADULT)									
PNEUMO (PPV23) (ADULT)									
HPV (ADULT)									
MCV 4 (ADULT)									

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ZOSTAVAX (ADULT)								
INFLUENZA (ADULT)								
PCV13								