

Phone # \_\_\_\_\_ **VFC Monthly Vaccine Inventory Report (PAGE 1 OF 2)** Date \_\_\_\_\_  
 Fax # \_\_\_\_\_ Report Submitted by: \_\_\_\_\_ Name of Facility \_\_\_\_\_ PIN \_\_\_\_\_

Vaccine	Total number of doses	LIST NUMBER OF DOSES ON HAND BY, NDC #, MANUFACTURER, AND LOT NUMBER				
		DOSES ON HAND PER LOT #	LOT NUMBER	EXPIRATION DATE	NDC #	MANUFACTURER
DTAP						
DTAP-HEP B-IPV (PEDIARIX)						
DTAP-HIB-IPV (PENTACEL)						
DTAP-IPV (KINRIX)						
HIB						
HEP. B-HIB						
EIPV (POLIO)						
HEPATITIS B (PEDIATRIC)						
MMR (PEDIATRIC)						

**THIS REPORT MUST BE SUBMITTED BY THE 1<sup>ST</sup> OF EACH MONTH TO:**

Immunization Program, 899 North Capitol Street, NE, 3<sup>rd</sup> Floor, Washington, DC 20002 Phone # (202) 576-9319 Fax # (202) 541-5906 ATTN: VFC TEAM

Phone # \_\_\_\_\_

**VFC Monthly Vaccine Inventory Report (PAGE 2 OF 2)**

Date \_\_\_\_\_

Fax # \_\_\_\_\_

Report submitted by: \_\_\_\_\_

Name of facility \_\_\_\_\_

PIN \_\_\_\_\_

Vaccine	Total number of doses	LIST NUMBER OF DOSES ON HAND BY, NDC #, MANUFACTURER, AND LOT NUMBER				
		DOSES ON HAND PER LOT #	LOT NUMBER	EXPIRATION DATE	NDC #	MANUFACTURER
VARICELLA (PEDIATRIC)						
MMRV (PROQUAD)						
TDAP (PEDIATRIC)						
TD (PEDIATRIC)						
PCV 13 (PREVNAR)						
HEPATITIS A (PEDIATRIC)						
HPV (PEDIATRIC)						
ROTAVIRUS (ROTATEQ)						
ROTAVIRUS (ROTARIX)						
MCV 4 (PEDIATRIC)						
INFLUENZA (PEDIATRIC)						