

VFC VACCINE RETURNED/WASTED/EXPIRED REPORT

Date _____ Name of Facility _____ PIN # _____

Report Submitted by: _____ Phone _____ FAX# _____

**Do Not Throw Away Expired/Wasted Vaccine. Complete form and fax to VFC Program at (202) 541-5906
 Do Not return expired/wasted vaccines to the VFC Program, please process return in VTrckS.**

Vaccine	Number of Doses Expired	Number of Doses Wasted	Reason for Wastage	# of Doses Returned Due to Short Dating	Vial Size	Lot Number	Expiration Date	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)								
Vaccine	Number of Doses Expired	Number of Doses Wasted	Reason for Wastage	# of Doses Returned Due to Short Dating	Vial Size	Lot Number	Expiration Date	Manufacturer
VARICELLA								

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(PEDIATRIC)								
MMRV (PROQUAD)								
TDAP (PEDIATRIC)								
TD (PEDIATRIC)								
PCV 13 (PREVNAR)								
HEPATITIS A (PEDIATRIC)								
HPV (PEDIATRIC)								
ROTAVIRUS								
MCV 4 (PEDIATRIC)								
INFLUENZA (PEDIATRIC)								
Meningococcal B								