

Short-Dated Vaccine Notification Form

Provider must submit this notification 120–150 days before the expiration date of vaccines. Provider must notify VFC program of any vaccine doses that will expire before they can be administered. Without prior notification, provider may be held responsible for vaccine wastage. Provider is also responsible for transferring vaccine to another VFC facility.

Submit by email to: doh.immunization@dc.gov

Name of Practice: _____

PIN: _____ Date of Submitted Request: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Vaccine Name	Lot Number	Expiration Date	# of Doses	NDC Number	Reason
					My patient population has changed
					It was mistakenly ordered by my facility
					There is no record of this order
					Other:
					My patient population has changed
					It was mistakenly ordered by my facility
					There is no record of this order
					Other:
					My patient population has changed
					It was mistakenly ordered by my facility
					There is no record of this order
					Other:

Don't forget to routinely administer vaccines with the earliest expiration dates first!

Signature: _____ Date: _____

FOR DC HEALTH ONLY:
 Approval Date: _____ Actions: _____