

PRIVATE PROVIDER'S MONTHLY REPORT OF VACCINE USAGE*
(REPORT STATE-SUPPLIED VACCINE ONLY)

Reporting Period: _____

Facility Name: _____

Facility PIN: _____

MONTHLY INVENTORY REPORT

VACCINE	Lot Number	Expiration Date	A Beginning of Month Inventory	B Doses Added (Orders Received/ Transferred In)	C Doses Administered	D Doses Expired/ Wasted	E Doses Transferred Out	F End of Month Inventory (Actual Physical Count)	Variance (A+B-C-D-E-F)
DT (Ped)									
DTaP									
DTaP/IPV/HepB <small>(Pediarix)</small>									
DTaP/IPV/Hib <small>(Pentacel)</small>									
DTaP/IPV									
Hep A (Ped)									
Hep B (Ped)									
Hep B/Hib									
Hib									
HPV									
IPV									
MCV									
MMR									
MMRV									
PCV									
PPSV									
Rotavirus									
Td									
Tdap									
Varicella									
Influenza-PF (0.25mL) <small>Pediatric (6-35 months)</small>									
Influenza (5.0mL) <small>Multi-Dose Vial</small>									
Influenza-PF (0.5mL) <small>Single Dose Presentation</small>									
Influenza-PF (0.2mL) <small>Intranasal Sprayer</small>									

Use page 3 for additional vaccine lot numbers.

Explanation of all doses lost or gained in "VARIANCE" section above: _____

 AUTHORIZED SIGNATURE

 DATE

ADDITIONAL VACCINE LOT NUMBERS MONTHLY INVENTORY REPORT

Facility PIN: _____

Explanation of all doses lost or gained in "VARIANCE" section above: _____

DATE _____

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DOSES ADMINISTERED REPORT

Enter Lot Numbers on Inventory Report		DOSES ADMINISTERED BY AGE GROUP (years)													TOTAL DOSES ADMINISTERED
VACCINE	Lot Number	< 1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	Unknown	
DT (Ped)															
DTaP															
DTaP/IPV/HepB (Pediarix)															
DTaP/IPV/Hib (Pentacel)															
DTaP/IPV															
Hep A (Ped)															
Hep B (Ped)															
Hep B/Hib															
Hib															
HPV															
IPV															
MCV															
MMR															
MMRV															
PCV															
PPSV															
Rotavirus															
Td															
Tdap															
Varicella															
Influenza-PF (0.25mL) Pediatric (6-35 months)															
Influenza (5.0mL) Multi-Dose Vial															
Influenza-PF (0.5mL) Single Dose Presentation															
Influenza-PF (0.2mL) Intranasal Sprayer															

AUTHORIZED SIGNATURE

DATE

* This Report Will Account For Vaccines Previously Issued And Is To Be Submitted Monthly. Failure To Submit Report On Time Could Jeopardize Future Vaccine Supplies.

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Facility PIN: _____

**Select Vaccine Types and Enter Lot Numbers
on Inventory Report**

[illegible]

ADDITIONAL VACCINE LOT NUMBERS DOSES ADMINISTERED REPORT

AUTHORIZED SIGNATURE

DATE _____

* This Report Will Account For Vaccines Previously Issued And Is To Be Submitted Monthly. Failure To Submit Report On Time Could Jeopardize Future Vaccine Supplies.

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MONTHLY VACCINE ACCOUNTABILITY REPORT INSTRUCTIONS

Monthly Inventory Report and Doses Administered Report is to be submitted monthly to your local health department.

Please contact your local health department for your reporting schedule.

Monthly Inventory Report

Each vaccine lot number should be captured on only one line entry.

See page 2 for additional lot numbers.

Column

A. Beginning of Month Inventory

Enter the total number of state-supplied vaccine doses on-hand beginning of the month. The beginning inventory should be the previous month's reported ending inventory.

B. Doses Added (Orders Received / Transferred In)

Enter the total number of state-supplied vaccine doses received the month. Include state-supplied doses received and the month.

C. Doses Administered

Enter the total number of state-supplied vaccine doses during the month.

D. Doses Expired/Wasted/Spoiled

Enter the total number of state-supplied vaccine doses expired, or spoiled during the month.

E. Doses Transferred Out

Enter the total number of state-supplied vaccine viable doses out of the facility during the month. Please contact your local department prior to transferring doses to another facility.

F. End of Month Inventory (Actual Physical Count)

Enter the total number of state-supplied vaccine doses on-hand month. This total should reflect the physical inventory month.

Variance (Columns A + B - C - D - E - F = Variance)

Net Doses Lost or Gained

If entering monthly inventory data directly into the variance column will auto-compute.

If entering monthly inventory data by paper, for each add columns A & B, then subtract columns C, D, E, & variance. Enter the variance for each vaccine lot

IMPORTANT: Any figure other than zero indicates a accountability. Please explain any doses lost or explanation section on the report.

Doses Administered Report

Each vaccine lot number should be captured on only one line entry.

See page 4 for additional lot numbers.

Doses Administered by Age Group

Enter the total number of state-supplied vaccine doses administered by vaccine by age group during the month.

Age group categories are displayed in years.

Cells that are grayed-out indicate age groups that are outside of the Guidelines for Use of State-Supplied Vaccines.

For current Guidelines for Use of State-Supplied Vaccines visit:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/ChildhoodVaccineProgram/SupplyandDistribution.aspx>

Total Doses Administered

If entering doses administered data directly into the electronic spreadsheet, the Total Doses Administered column will auto-compute.

If entering doses administered data by paper, for each vaccine line entry, add the totals from the doses administered by age group columns. Enter the sum into the Total Doses Administered column.

For questions regarding monthly accountability reporting, please contact your local health department.