STATE OF WISCONSIN Vaccines for Children (VFC)

Telephone (include area code)

Division of Public Health F-02328 (05/2018)

VFC PIN

Facility - Name

WASTED VACCINE RECORD

Use this form to record and report vaccine that is disposed of according to the guidelines for disposal. Email or fax the completed form in the same month recorded.

Do **NOT** use this form to record vaccine returned to McKesson. Do **NOT RETURN** syringes unless prefilled by manufacturer.

Returning VFC vaccines that are not usable is very important for our accountability to the Centers for Disease Control and Prevention (CDC) National Immunization Program.

Facility Address (include, city, state and zip)							
Contact - Name				Contac	Contact Email		
Use any one of the	following codes to d	lescribe the reas	son why th	e vaccine	has been	wasted.	
*Reason Code: 9 – broken vial/syringe, 10 – Lost or unaccounted syringe, 11 – Open vial not all doses administered, 12 – Vials drawn into syringes but not administered, 13 – Other							
Non-Viable Vaccine (Brand Name)	Manufacturer	NDC Number – Located on Box	Expiration Date	No. Wasted Doses	*Reason Code	Other (explain)	

Email or fax completed record for all wasted vaccine to the Immunization Program in the same month vaccine is wasted.

Email: vfc@wisconsin.gov or Fax: 608-267-9493