Vaccine Loss Report

Please fill out form completely. You may be contacted if additional information is required.

Clinic Name:_______________________________ PIN:___________________

Address:____
Street City Zip

Contact: _________________________________ Phone:__________________
Person Completing Form

Type of Loss: Ruined Expired Date of Loss:______________________
(circle all that apply)

This loss occurred as a result of:_______________________________________

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In order to ensure that this will not happen again, we have taken the following steps:

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____

For HSR Use Only:

Date

HSR Notified: ____/_____/_____
Vaccine Loss Rpt Rec'd: ____/_____/_____
Pharmacy Contacted: Yes / No
Shipping Label Needed: Yes / No
Reviewed by:________________________

____
Provider Signature (person who signed TVFC enrollment)

____
Print Name and Title

____
Date

TEXAS Department of State Health Services

Vaccine Loss Report – Continued

Clinic Name:_________________________________ PIN:_______________________

Please note losses of state-supplied vaccine in doses (not vials).

Vaccine	Manufacturer	Lot No.	Expiration Date	Doses Lost
			Total Doses Lost	

For Austin Office Use Only

Date Label Requested: ____/_____/_____ Billing/Warning Letter Needed: Yes / No Letter Sent: _________________

Date Letter Sent: ____/_____/_____ Reviewed by:_______________________ Manager Reviewed by:_________