

Instructions for Vaccine Wastage and Disposed Form (Form No. 132)

Purpose

The Vaccine Wastage and Disposed Form is used to document the amount of vaccine being wasted and disposed by each health department clinic or vaccine provider and the reason for its wastage.

Instructions

Wastage: Every dose of vaccine that is wasted must be documented by the clinic staff on the Vaccine Wastage and Disposed Form and submitted to the Immunization Program. A copy of the form must be maintained at the clinic location. **DO NOT RETURN VACCINE TO THE IMMUNIZATION PROGRAM.** Clinic staff must make every effort to minimize vaccine lost/wastage through proper storage, handling and administration. The clinic will be financially responsible for annual vaccine lost/wastage greater than 5% in the clinic.

Note: Amounts entered on form should match what is being entered into MIIX.

1. Date: Enter the date (mo/day/yr) the report is being completed.
2. Health Department/Clinic Name: Enter the name of the health department or clinic that has wasted and disposed the vaccine.
3. PIN: Enter the clinic's VFC PIN number.
4. Shipping Address: Enter the complete shipping address of the clinic.
5. City: Enter the city corresponding with the address.
6. Telephone Number: Enter the telephone number of the person completing this report.
7. Contact Name: Print the name of the contact person for the clinic/ facility

All other columns are to be completed by vaccine type as follows:

- Vaccine: Enter the name of the vaccine being wasted/disposed.
- Number of Doses: Enter the number of doses wasted/disposed.
- Expiration Date: Enter the expiration date (mo/day/yr) of the vaccine being wasted/disposed.
- Lot Number: Enter the lot number of the vaccine wasted/disposed.
- NDC#: Enter the NDC number of the vaccine being wasted/disposed.
- Funding Source: Enter the funding source (VFC, CHIP, State Peds, or 317) for the vaccine being wasted/disposed. *Note: Use adult funding source if using the form for MSDH pharmacy adult vaccine wasted/disposed.*
- Wastage Code: Enter the wastage reason code for the vaccine wasted/disposed.

Nurses Signature and Date: Enter the date and signature of the person completing the report.

