PRODUCT WASTAGE REPORT FORM

FOR COVID-19 VACCINE FAX THE COMPLETED REPORT TO THE MINISTRY OF HEALTH AT 306-787-3237

For other publicly funded vaccines fax or mail this completed report to the Roy Romanow Provincial Laboratory

Provincial Vaccine Depot 5 Research Drive, Regina SK S4S 0A4

PHONE: 306-787-7638 FAX: 306-798-0071

DO NOT REPORT COLD CHAIN WASTAGE ON THIS FORM.

USE FOR: All vaccines (including COVID-19 vaccines), Tubersol™, TIg, Ig, RabIg, azithromycin, amoxicillin, benzathine penicillin (bicillin), cefixime, ceftriaxone, ciprofloxacin, doxycycline, erythromycin, rifampin, epinephrine and lidocaine. Diluents do not need to be reported.

ate:YYYY/MM/DD					Indicate only 1 reason for wastage			
Product Name	Manufacturer	Lot Number	Expiry date YYYY/MM/DD	# of Doses	EXPIRED OPENED	EXPIRED UNOPENED	Not Administered ¹	Defective or damaged (Note: Vaccine Problem Report must also be submitted)
Check this colum	n if COVID-19 not use diluted).	ed in stability tin	meframe (Exan	nple: Pfizer-E	ioNTech at roc	om temperature	for more than 2 ho	ours undiluted and
eport submi	tted by:							
hone No: Fax				No:				