

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health

MAIL: PHN Consultant - Immunization

Saskatchewan Ministry of Health

1st Floor, 3475 Albert Street, Regina SK S4S 6X6

FAX: 306-787-3237

Please attach or fax a Vaccine Wastage Report for this product.

Check Y or N as applicable: Attached Y N OR

Wastage Report Faxed to RRPL (Do not fax to RRPL for COVID-19 Vaccines) Y N

1. Reporter name (print): _____
2. Jurisdiction/Region: _____
3. Is product (without needle attached) being returned with this report? Yes No
4. Date the incident occurred: YYYY/MM/DD _____
5. Vaccine brand name: _____
6. Manufacturer name: _____
7. Lot number(s): _____
8. Number of doses affected: _____
9. Problem/Issue Type:

<input type="checkbox"/>	Dull or missing needle
<input type="checkbox"/>	Needle separated from syringe during administration
<input type="checkbox"/>	Contents cloudy
<input type="checkbox"/>	Contents contains particles
<input type="checkbox"/>	Illegible label or lot number
<input type="checkbox"/>	Label missing
<input type="checkbox"/>	Other –

10. Details of the problem-issue: _____

Revised December 2020

Date received at MOH _____

MoH Reference # _____

Saskatchewan 