

**PRIVATE PROVIDER'S MONTHLY REPORT OF VACCINE USAGE*
(REPORT STATE-SUPPLIED VACCINE ONLY)**

Reporting Period: _____ Facility Name: _____ Facility PIN: _____

MONTHLY INVENTORY REPORT

VACCINE	Lot Number	Expiration Date	A	B	C	D	E	F	Variance (A+B-C-D-E-F)
			Beginning of Month Inventory	Doses Added (Orders Received/ Transferred In)	Doses Administered	Doses Expired/Wasted /Spoiled	Doses Transferred Out	End of Month Inventory (Actual Physical Count)	
DT (Ped)									
DTaP									
DTaP/IPV/HepB Pediarix									
DTaP/IPV/Hib Pentacel									
HEP A (Ped)									
HEP B (Ped)									
Hib									
HPV									
Influenza-PF (0.25mL) Fluzone (6-35 months)									
Influenza (5.0mL) Fluzone (3-18 years)									
Influenza-PF (0.5mL) Fluzone (3-18 years)									
Influenza-PF (0.2mL) FluMist (3-18 years)									
IPV									
Meningococcal									
MMR									
MMRV									
PCV7 (Conj)									
Pneumococcal (Poly)									
Rotavirus									
Td									
Tdap									
Varicella									

Use page 3 for additional vaccine lot numbers.

Explanation of all doses lost or gained in "VARIANCE" section above: _____

AUTHORIZED SIGNATURE

DATE

* This Report Will Account For Vaccines Previously Issued And Is To Be Submitted Monthly. Failure To Submit Report On Time Could Jeopardize Future Vaccine Supplies.

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DOSES ADMINISTERED REPORT

VACCINE	DOSES ADMINISTERED BY AGE GROUP									DOSES ADMINISTERED BY VFC STATUS**					TOTAL DOSES ADMINISTERED
	< 1	1	2	3-5	6	7-10	11-12	13-18	>18	AI / AN	M	N	U	P	
DT (Ped)						-----	-----	-----	-----						
DTaP						-----	-----	-----	-----						
DTaP/IPV/HepB Pediarix				-----	-----	-----	-----	-----	-----						
DTaP/IPV/Hib Pentacel				-----	-----	-----	-----	-----	-----						
HEP A (Ped)	-----								-----						
HEP B (Ped)									-----						
Hib					-----	-----	-----	-----	-----						
HPV	-----	-----	-----	-----	-----	-----			-----						
Influenza-PF (0.25mL) Fluzone (6-35 months)				-----	-----	-----	-----	-----	-----						
Influenza (5.0mL) Fluzone (3-18 years)	-----	-----	-----						-----						
Influenza-PF (0.5mL) Fluzone (3-18 years)	-----	-----	-----						-----						
Influenza-PF (0.2mL) FluMist (3-18 years)	-----	-----	-----						-----						
IPV									-----						
Meningococcal	-----	-----	-----	-----	-----	-----			-----						
MMR	-----								-----						
MMRV	-----					-----	-----	-----	-----						
PCV7 (Conj)					-----	-----	-----	-----	-----						
Pneumococcal (Poly)	-----	-----							-----						
Rotavirus		-----	-----	-----	-----	-----	-----	-----	-----						
Td	-----	-----	-----	-----	-----				-----						
Tdap	-----	-----	-----	-----	-----	-----			-----						
Varicella	-----								-----						

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** AI / AN = American Indian / Alaska Native; M = Medicaid; N = No Insurance; U = Underinsured; P = Private Insurance

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**ADDITIONAL VACCINE LOT NUMBERS
MONTHLY INVENTORY REPORT**

VACCINE	Lot Number	Expiration Date	A	B	C	D	E	F	Variance (A+B-C-D-E-F)
			Beginning of Month Inventory	Doses Added (Orders Received/ Transferred In)	Doses Administered	Doses Expired/Wasted /Spoiled	Doses Transferred Out	End of Month Inventory (Actual Physical Count)	
DT (Ped)									
DTaP									
DTaP/IPV/HepB Pediarix									
DTaP/IPV/Hib Pentacel									
HEP A (Ped)									
HEP B (Ped)									
Hib									
HPV									
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Influenza-PF (0.2mL) FluMist (3-18 years)									
IPV									
Meningococcal									
MMR									
MMRV									
PCV7 (Conj)									
Pneumococcal (Poly)									
Rotavirus									
Td									
Tdap									
Varicella									

Use page 3 for additional vaccine lot numbers.

Explanation of all doses lost or gained in "VARIANCE" section above: _____

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MONTHLY VACCINE ACCOUNTABILITY REPORT INSTRUCTIONS

Monthly Inventory Report and Doses Administered Report is to be submitted monthly to your local health department.

Please contact your local health department for your reporting schedule.

Monthly Inventory Report

Each vaccine lot number should be captured on only one line entry.

See page 3 for additional lot numbers.

Column

A. Beginning of Month Inventory

Enter the total number of state-supplied vaccine doses on-hand at the beginning of the month. The beginning inventory should be the same as the previous month's reported ending inventory.

B. Doses Added (Orders Received / Transferred In)

Enter the total number of state-supplied vaccine doses received during the month. Include state-supplied doses received and transferred in during the month.

C. Doses Administered

Enter the total number of state-supplied vaccine doses administered during the month.

D. Doses Expired/Wasted/Spoiled

Enter the total number of state-supplied vaccine doses expired, wasted, or spoiled during the month.

E. Doses Transferred Out

Enter the total number of state-supplied vaccine vial doses transferred out of the facility during the month. Please contact your local health department prior to transferring doses to another facility.

F. End of Month Inventory (Actual Physical Count)

Enter the total number of state-supplied vaccine doses on-hand at the end of the month. This total should reflect the physical inventory count at the end of the month.

Variance (Columns A + B - C - D - E - F = Variance)

Net Doses Lost or Gained

If entering monthly inventory data directly into the electronic spreadsheet, the variance column will auto-compute.

If entering monthly inventory data by paper, for each lot number entry, add columns A & B, then subtract columns C, D, E, & F to determine the variance. Enter the variance for each vaccine lot number entry

IMPORTANT: Any figure other than zero indicates a variance in accountability. Please explain any doses lost or gained in the variance explanation section on the report.

Doses Administered Report

Doses Administered by Age Group

Enter the total number of state-supplied vaccine doses administered by vaccine by age group during the month.

Age group categories are displayed in years.

Cells with "-----" indicate age groups that are outside of the Guidelines for Use of State-Supplied Vaccines.

For current Guidelines for Use of State-Supplied Vaccines visit:

<http://www.doh.wa.gov/cfh/immunize/vaccine/vaccine-supply.htm>

Doses Administered by VFC Status (optional)

Enter the total number of state-supplied vaccine doses administered by vaccine by VFC status during the month

VFC Status column heading codes:

AI / AN = American Indian / Alaska Native

M = Medicaid

N = No Insurance

U = Underinsured

P = Private Insurance

Note: Use of this report for capturing total doses administered by VFC status is optional. Providers are still required to conduct VFC status screening activities for every child less than 19 years of age at every immunization visit. For more information on VFC status screening and other screening options, please contact your local health department or visit:

<http://www.doh.wa.gov/cfh/immunize/vaccine/vaccine-supply.htm>

Total Doses Administered

If entering doses administered data directly into the electronic spreadsheet, the Total Doses Administered column will auto-compute.

If entering doses administered data by paper, for each vaccine line entry, add the totals from the doses administered by age group columns. Enter the sum into the Total Doses Administered column.

For questions regarding monthly accountability reporting, please contact your local health department.