

Mississippi State Department of Health

Vaccine Wastage and Disposed Form

The clinic will be financially responsible for annual vaccine lost/wasted greater than 5%.

1. _____
Date

2. Clinic Name	3. PIN
4. Shipping Address	
5. City	
6. Telephone Number	
7. Contact Name (Print)	

IMPORTANT

- ✓ Fax a copy to: 601-576-7686
Mississippi State Department of Health
Immunization Program
570 East Woodrow Wilson
Post Office Box 1700
Jackson, Mississippi 39215-1700

✓ Keep a copy for your file

✓ **NOTE: For MSDH health departments, this form may be used to document adult vaccine wasted/disposed. Fill out the form as instructed except use adult as the funding source; fax the completed form to the MSDH Pharmacy.**

Wastage Code:

1. Drawn up, not used 2. Dropped/Spilled 3. Other _____

Date	Vaccine	*Number of Doses	Expiration Date	Lot Number	NDC# Number	Funding Source (VFC, CHIP State Ped, or 317)	Wastage Code	Nurses Signature

Contact Name Signature

Date

*Amounts entered on form must match what is being entered into MIIX.



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:

- Date: Enter the date (mo/day/yr) the vaccine was wasted/disposed.
- 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.
- Nurse: Enter the signature of the Nurse.

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

