

TEXAS
Vaccine Loss Report

Please fill out form completely. You may be contacted if additional information is required.

Clinic Name: _____ PIN: _____

Address: _____
Street City Zip County

Contact: _____ Phone: _____
Person Completing Form

Date loss was discovered: _____

Circle Reason(s) for Loss:

- | | |
|--------------------------------------|-------------------------------------------|
| 1. Expired | 5. Failure to store properly upon receipt |
| 2. Natural Disaster/power outage | 6. Vaccine spoiled in transit |
| 3. Storage temperature too warm | 7. Mechanical Failure |
| 4. Refrigerator temperature too cold | 8. Spoiled |
| | 9. Other |

Explanation of Loss (required entry): _____

In order to ensure that this will not happen again, the following steps will/have been taken: _____

- Trained staff to notify LHD or HSR 90 days before vaccines expire (if loss due to expiration)
- Trained staff to rotate stock using the shortest dated product first (if loss due to expiration)
- Trained staff to take immediate action to correct out of range temperatures, and to contact LHD or HSR (if loss due to temperature maintenance)

Please note losses of state-supplied vaccine in doses (not vials). Do not include private stock.

Vaccine	Manufacturer	Lot No.	NDC Number	Expiration Date	# Doses Lost

 Provider Signature (person who signed TVFC enrollment: MD, DO, NP, PA, CNM)

 Date

 Print Name and Title



