

**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  
 FAX: 306-798-0071

**DO NOT REPORT COLD CHAIN WASTAGE ON THIS FORM.**

**USE FOR: All vaccines (including COVID-19 vaccines), Tubersol™, Tlg, Ig, Rablg, benzathine penicillin (Bicillin).  
 Diluents do not need to be reported.**

Organization (SHA Network, FNJ, AHA, Pharmacy): \_\_\_\_\_ Location (Community): \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Facility type** (reporter must check one):

- Public Health    Pharmacy    Physician office    Primary Health Care    Long-Term Care    Acute Care  
 Employee Health    Other \_\_\_\_\_

Date of wastage: \_\_\_\_\_ YYYY/MM/DD

Complete all fields in these columns					Indicate only 1 reason for wastage		
Product Name & Manufacturer	Lot Number	Expiry date <small>YYYY/MM/DD</small>	# of Doses <sup>1,2</sup>	Open or Closed Vial	Dose Not Administered <sup>3</sup>	Product EXPIRED	Defective or damaged <b>(Note: Vaccine Problem Report must also be submitted)</b>
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
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				<input type="checkbox"/> Open <input type="checkbox"/> Closed			

<sup>1</sup> Moderna Spikevax® 6mo-5yr monovalent vaccine: reflect the wastage quantity based on 10 doses per vial

<sup>2</sup> Moderna Spikevax® bivalent BA.4/5 vaccine: reflect the wastage quantity based on 5 doses per vial

<sup>3</sup> This reason includes when thawed COVID-19 vaccine is not used within stability timeframe for open (punctured) and closed (un-punctured) vials (e.g. Pfizer vaccine stored in fridge longer than 10 weeks).

Report submitted by: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_