

PRODUCT WASTAGE REPORT FORM

FOR COVID-19 VACCINES: FAX THE COMPLETED REPORT TO THE MINISTRY OF HEALTH AT 306-787-3237

For other publicly funded products: 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 BREAK WASTAGE ON THIS FORM.

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

Specify Organization (SHA Network Number, NITHA, ISC, 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, Formulation & Manufacturer	Lot Number	Expiry date YYYY/MM/DD	# of Doses ¹	Open or Closed Vial	Not Administered	EXPIRED	Defective or damaged ³
				<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			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			

¹For Moderna SPIKEVAX® vaccine - reflect the wasted doses based on 5 doses per vial.

²This reason includes when thawed open (punctured) and closed (un-punctured) vials COVID-19 vaccine is not used within stability timeframe for (e.g. Pfizer vaccine stored in fridge longer than 10 weeks).

³ **Note:** Vaccine Problem Report must also be submitted.

Reporter Name (Print): _____

Phone No: _____ Email: _____