

VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINE RECEIVING LOG and CHECKLIST



INSTRUCTIONS: Use the checklist when your clinic receives vaccines. Complete this form to report any discrepancies or shipping issues after vaccines are stored. **NEVER REJECT OR RETURN A VACCINE SHIPMENT.**

Clinic Name: _____ **PIN:** _____

Date McKesson Vaccine Received: _____ **Date Merck Vaccine Received:** _____

1. Inspect package

If the package shows any of these problems, note them on this form.

- previously opened broken, torn, or tampered with not addressed to your clinic

2. Open package immediately

Refrigerated vaccines ship with temperature indicators.

- Read the indicators to determine if vaccines were exposed to out-of-range temperatures.
- If the MonitorMark index reads 3-5, record the number on this form. Index: _____
- If the FREEZEmarker indicator does not show a check mark or is not activated, note the issue on this form.
 - no check mark not activated



Varicella-containing vaccines come with a shipper insert that identifies the allowable shipping time.

- Check the packing slip's shipment date to determine how long the vaccines were in transit.
- If the shipment arrived beyond the allowed time, note the issue on this form.
 - exceeds shipping time

3. Check for shipment discrepancies

- Compare the shipment contents (funding source, vaccines, and diluents) to the packing slip and approved doses on your VFC order confirmation.
- If there are any discrepancies, note the brand received and the number of doses/diluent missing or extra doses on the form below.
- Note any vaccines with expiration dates less than six months.

Vaccines	Brand Received	# Doses Missing	# Diluent Missing	# Extra Doses	Expiration < 6 Months
Vaccines Stored in Refrigerator					
DTaP	<input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix				
DTaP-HepB-IPV	Pediarix				
DTaP-IPV	<input type="checkbox"/> Kinrix <input type="checkbox"/> Quadracel				
DTaP-IPV/Hib	Pentacel				
HepA	<input type="checkbox"/> Havrix <input type="checkbox"/> VAQTA				
HepB	<input type="checkbox"/> Engerix-B <input type="checkbox"/> Recombivax HB				
Hib	<input type="checkbox"/> ActHIB <input type="checkbox"/> Hiberix <input type="checkbox"/> PedvaxHIB				
HPV	Gardasil 9				
Influenza					
IPV	IPOL				
MCV4	<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo				
MenB	<input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba				
PCV13	Prenar 13				
PPSV23	Pneumovax 23				
RV	<input type="checkbox"/> Rotarix <input type="checkbox"/> RotaTeq				
Td	<input type="checkbox"/> Tenivac <input type="checkbox"/> Td Vaccine (Grifols)				
Tdap	<input type="checkbox"/> Adacel <input type="checkbox"/> Boostrix				
Vaccines Stored in Freezer					
MMR	M-M-R II				
MMRV	ProQuad				
VAR	Varivax				

4. Store vaccines

- Store vaccines in areas designated for VFC vaccines. Store vaccines with the earliest expiration date in the front. Refer to IMM-963 and IMM-966.

5. Report issues immediately

- Report all damage or shipment issues immediately.
- Fax this completed form and the packing slip to the VFC Call Center at (877) 329-9832.
- Call the VFC Call Center at (877) 243-8832 for further instructions.