

317 Adult Vaccines PHYSICAL INVENTORY FORM

DATE: _____

- Instructions:** 1. Complete this form before you order more 317 vaccines.
2. Transfer all lot numbers, expiration dates, and total doses on hand of all vaccines on this form to the 317 Vaccine Order Form.

REFRIGERATOR

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND
HepA	<input type="checkbox"/> VAQTA®–vials	10			
	<input type="checkbox"/> VAQTA®–syringes	10			
	<input type="checkbox"/> Havrix®–vials	10			
	<input type="checkbox"/> Havrix®–syringes	10			
HepB	<input type="checkbox"/> Engerix-B®–syringes	10			
	<input type="checkbox"/> HEPLISAV-B™–syringes	5			
HPV	<input type="checkbox"/> Gardasil® 9–vials	10			
MCV4	<input type="checkbox"/> Menactra®–vials	5			
	<input type="checkbox"/> Menveo®–vials	5			
PCV13	<input type="checkbox"/> Prevnar 13™–syringes	10			
PPSV23	<input type="checkbox"/> Pneumovax® 23–syringes	10			
RZV	<input type="checkbox"/> Shingrix®–vials	10			
	<input type="checkbox"/> Shingrix®–vials	1			
Td	<input type="checkbox"/> TDVAX™–vials	10			
Tdap	<input type="checkbox"/> Adacel®–vials	10			
	<input type="checkbox"/> Adacel®–syringes	5			
	<input type="checkbox"/> Boostrix®–syringes	10			

FREEZER

MMR	M-M-R®-II–vials	10			
VAR	Varivax®–vials	10			