

# 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
<b>HepA</b>	<input type="checkbox"/> VAQTA®–syringes	10			
	<input type="checkbox"/> Havrix®–syringes	10			
<b>HepB</b>	<input type="checkbox"/> Engerix-B®–syringes	10			
	<input type="checkbox"/> HEPLISAV-B™–syringes	5			
<b>HPV</b>	<input type="checkbox"/> Gardasil® 9–syringes	10			
<b>MCV4</b>	<input type="checkbox"/> Menactra®–vials	5			
	<input type="checkbox"/> Menveo®–vials	5			
<b>PCV13</b>	<input type="checkbox"/> Prevnar 13™–syringes	10			
<b>PPSV23</b>	<input type="checkbox"/> Pneumovax® 23–syringes	10			
<b>RZV</b> <b>RZV</b>	<input type="checkbox"/> Shingrix®–vials	10			
	<input type="checkbox"/> Shingrix®–vials	1			
<b>Td</b>	<input type="checkbox"/> TDVAX™–vials	10			
<b>Tdap</b>	<input type="checkbox"/> Adacel®–vials	10			
	<input type="checkbox"/> Adacel®–syringes	5			
	<input type="checkbox"/> Boostrix®–syringes	10			

## FREEZER

<b>MMR</b>	M-M-R®-II–vials	10			
<b>VAR</b>	Varivax®–vials	10			