

**NEW YORK STATE IMMUNIZATION PROGRAM-VACCINES FOR CHILDREN AND CHILD HEALTH PLUS B PROGRAMS
VACCINE LOSS/WASTAGE REPORT
(Submit with the monthly inventory report)**

Provider Name _____ Phone # _____ PIN # _____

Address _____ Contact Name _____

Month/Year _____

MONTHLY VACCINE LOSS REPORT: Please report the number of doses of New York State (NYS) Vaccines for Children Program and Child Health Plus B vaccine in your practice that were lost due to waste or expiration during the month by completing the report below. A physical count of the number of doses of wasted or expired vaccine is required. Include the vaccine, manufacturer name, lot number, expiration date, the reason for the loss, and the number of doses for each vaccine. The completed form should be faxed to the NYS Immunization Program at (518) 474-4222. Once this form is received, a business reply label will be mailed to you with instructions for returning this vaccine. If you have any questions please call 1-800-543-7468.

PLEASE NOTE: ALL WASTED AND EXPIRED VACCINE FROM THE NYS VACCINES FOR CHILDREN AND CHILD HEALTH PLUS B PROGRAMS MUST BE RETURNED TO THE PROGRAM IN ORDER FOR THE PROGRAM TO RECEIVE THE EXCISE TAX. PLEASE CALL 1-800-543-7468 TO REPORT THE LOSS AND A RETURN LABEL WILL BE MAILED FOR THE VACCINE.

| Vaccine | Manufacturer | Lot Number | Expiration Date | Reason for Loss | Number of Doses to be Returned |
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