## COVID-19 WASTED VACCINE RECORD

Use this form to record and report vaccine that is disposed of according to your clinic guidelines for disposal of biologics.

Providers must email the completed form by the end of each calendar week to: DHSCOVIDVACCINATOR@dhs.wisconsin.gov

## Please note that all vaccine loss and waste must also be recorded in WIR.

COVID PIN	
Provider - Name	Telephone (include area code)

Contact - Email

Provider Address

Contact - Name

## Use any one of the following codes to describe the reason why the vaccine has been wasted.

\*Reason Code: 9 – broken vial/syringe, 10 – Lost or unaccounted syringe,

11 – Open vial not all doses administered, 12 – Vials drawn into syringes but not administered,

13 – Other

Non-Viable Vaccine (Brand Name)	Manufacturer	NDC Number – Located on Box	Expiration Date	No. Wasted Doses	*Reason Code	Other (explain)