



MARYLAND VFC PROGRAM VACCINE INVENTORY FORM

Fax Pages 1 & 2 To: (410) 333-5893

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|--|------------------------------|-----------------|------|
| VFC PIN #: (Required) | Date: (Required) / / 2012 | Phone: | Fax: |
| NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC: | | CONTACT PERSON: | |
| SPECIAL DELIVERY INSTRUCTIONS: | | CONTACT EMAIL: | |

| VACCINE BRAND NAME | NDC # | VFC Vaccine Lot # REQUIRED | # of VFC DOSES ON HAND | EXPIRATION DATE REQUIRED | VFC Vaccine Lot # | # of VFC DOSES ON HAND | EXPIRATION DATE |
|--|---------------|-------------------------------|------------------------|-----------------------------|-------------------|------------------------|-----------------|
| Daptacel <i>Vials</i> (DTaP) | 49281-0286-10 | | | | | | |
| Infanrix <i>Vials</i> (DTaP) | 58160-0810-11 | | | | | | |
| Infanrix <i>Syringes</i> (DTaP) | 58160-0810-52 | | | | | | |
| TOTAL OF ALL DTaP DOSES ON HAND = | | | | | | | |
| Pediarix <i>Syringes</i> (DTaP/Hep B/IPV) | 58160-0811-56 | | | | | | |
| Pentacel <i>Vials</i> (DTaP/IPV/Hib) | 49281-0510-05 | | | | | | |
| Kinrix <i>Vials</i> (DTaP/IPV) | 58160-0812-11 | | | | | | |
| Kinrix <i>Syringes</i> (DTaP/IPV) | 58160-0812-52 | | | | | | |
| TOTAL OF ALL KINRIX DOSES ON HAND = | | | | | | | |
| Adacel <i>Syringes</i> (Tdap) | 49281-0400-15 | | | | | | |
| Adacel <i>Vials</i> (Tdap) | 49281-0400-10 | | | | | | |
| Boostrix <i>Syringes</i> (Tdap) | 58160-0842-52 | | | | | | |
| Boostrix <i>Vials</i> (Tdap) | 58160-0842-11 | | | | | | |
| TOTAL OF ALL Tdap DOSES ON HAND = | | | | | | | |
| ActHIB <i>Vials</i> (Hib) | 49281-0545-05 | | | | | | |
| PedvaxHIB <i>Vials</i> (Hib) | 00006-4897-00 | | | | | | |
| TOTAL OF ALL HIB DOSES ON HAND = | | | | | | | |

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| VACCINE BRAND NAME | NDC # | VFC Vaccine Lot # REQUIRED | # of VFC DOSES ON HAND | EXPIRATION DATE REQUIRED | VFC Vaccine Lot # | # of VFC DOSES ON HAND | EXPIRATION DATE |
|---|---------------|----------------------------|------------------------|--------------------------|-------------------|------------------------|-----------------|
| Engerix B <i>Vials</i> (Hepatitis B) | 58160-0820-11 | | | | | | |
| Engerix B <i>Syringes</i> (Hepatitis B) | 58160-0820-52 | | | | | | |
| Recombivax <i>Vials</i> (Hepatitis B) | 00006-4981-00 | | | | | | |
| TOTAL OF ALL HEPATITIS B DOSES ON HAND = | | | | | | | |
| MMR-II <i>Vials</i> (MMR) | 00006-4681-00 | | | | | | |
| IPOL <i>Vials</i> (IPV) | 49281-0860-10 | | | | | | |
| Varivax <i>Vials</i> (Varicella) | 00006-4827-00 | | | | | | |
| Pneumococcal Conjugate <i>Syringes</i> (PCV13) | 00005-1971-02 | | | | | | |
| Menveo <i>Vials</i> (MCV4) | 46028-0208-01 | | | | | | |
| Menactra <i>Vials</i> (MCV4) | 49281-0589-05 | | | | | | |
| TOTAL OF ALL MCV4 DOSES ON HAND = | | | | | | | |
| Vaqta <i>Vials</i> (Hepatitis A) | 00006-4831-41 | | | | | | |
| Havrix <i>Vials</i> (Hepatitis A) | 58160-0825-11 | | | | | | |
| Havrix <i>Syringes</i> (Hepatitis A) | 58160-0825-52 | | | | | | |
| TOTAL OF ALL HEPATITIS A DOSES ON HAND = | | | | | | | |
| RotaTeq <i>Vials</i> (Rotavirus) | 00006-4047-41 | | | | | | |
| Rotarix <i>Vials</i> (Rotavirus) | 58160-0854-52 | | | | | | |
| TOTAL OF ALL ROTAVIRUS DOSES ON HAND = | | | | | | | |
| Cervarix <i>Syringes</i> (HPV) | 58160-0830-46 | | | | | | |
| Gardasil <i>Vials</i> (HPV) | 00006-4045-41 | | | | | | |
| TOTAL OF ALL HPV DOSES ON HAND = | | | | | | | |