



# Provider Vaccine Inventory

VFC PIN
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## All State Supplied Vaccines

Date Submitted	Facility Name	Phone with Area Code
Person Completing Report		Signature

Vaccine Type	Manufacturer	Lot Number	NDC Number	Expiration Date	Number of Doses	Grand Total
DTaP						
DTaP-Hep B-IPV (Pediatrix)						
DTaP-HIB-IPV (Pentacel)						
DTaP-IPV (Kinrix)						
IPV						
Hep A Pediatric						
Hep B Pediatric						
Hep B-HIB (Comvax)						
HIB						

Date Submitted	VFC PIN	Facility Name				
Vaccine Type	Manufacturer	Lot Number	NDC Number	Expiration Date	Number of Doses	Grand Total
HPV						
Meningococcal						
MMR						
MMR-V (ProQuad)						
Pneumococcal Conjugate						
Rotavirus						
Tdap						
Varicella						
Other						

**Instructions**

1. For each vaccine listed, allow one row for each lot number and fill in all information requested.
2. For each vaccine type, add the total number of doses together. List the resulting sum in the Grand Total column.
3. Make a photocopy for your records and submit form with your vaccine order by FAX to (801) 538-9322 or mail to the Utah VFC Program.