



## Vaccine Cold Chain Incident Exposure/Wastage Report

### External Incident Report: Cold Chain Failure (Publicly Funded Vaccines only)

Vaccine (Please include both Full and Partial Vials)	Cost	Lot Number	Total # of Doses Including Partial Vials	Expiry Date (yyyy/mm/dd)	Previous Exposure (✓ if Yes)
Act-Hib®	\$46.00				<input type="checkbox"/>
Adacel®	\$38.55				<input type="checkbox"/>
Adacel® Polio	\$52.79				<input type="checkbox"/>
Bexsero®	\$109.64				<input type="checkbox"/>
Boostrix®	\$30.74				<input type="checkbox"/>
Boostrix-Polio®	\$37.06				<input type="checkbox"/>
Engerix B® Adolescent/Adult	\$24.01				<input type="checkbox"/>
Engerix B® Pediatric	\$11.39				<input type="checkbox"/>
Gardasil® 9	\$170.87				<input type="checkbox"/>
Havrix® Adult	\$49.37				<input type="checkbox"/>
Havrix® Pediatric	\$24.68				<input type="checkbox"/>
Imovax® Polio	\$47.00				<input type="checkbox"/>
Imovax® Rabies	\$207.65				<input type="checkbox"/>
Menactra®	\$105.30				<input type="checkbox"/>
Menjugate®	\$36.74				<input type="checkbox"/>
Menveo®	\$107.21				<input type="checkbox"/>
Nimenrix®	\$99.48				<input type="checkbox"/>
MMR®II	\$34.33				<input type="checkbox"/>
NeisVac-C®	\$80.19				<input type="checkbox"/>
Pediacel®	\$55.02				<input type="checkbox"/>
Pneumovax 23®	\$24.97				<input type="checkbox"/>
Prevnar®13	\$99.02				<input type="checkbox"/>
Priorix®	\$29.32				<input type="checkbox"/>
Priorix-Tetra™	\$96.70				<input type="checkbox"/>
ProQuad®	\$116.17				<input type="checkbox"/>
RabAvert®	\$181.16				<input type="checkbox"/>
Recombivax HB® Adolescent/Adult	\$22.54				<input type="checkbox"/>
Recombivax HB® Pediatric	\$11.40				<input type="checkbox"/>
Recombivax HB® Renal	\$184.80				<input type="checkbox"/>
Rotarix™	\$88.16				<input type="checkbox"/>
Shingrix®	\$129.20				<input type="checkbox"/>
Td Adsorbed	\$22.56				<input type="checkbox"/>
Td Polio	\$61.55				<input type="checkbox"/>
Tubersol	\$39.60				<input type="checkbox"/>
Varilix®	\$61.56				<input type="checkbox"/>
Varivax III®	\$81.85				<input type="checkbox"/>
Alfurix Tetra	\$13.75				<input type="checkbox"/>
Fluad®	\$13.04				<input type="checkbox"/>
Flucelvax	\$25.00				<input type="checkbox"/>
FluLaval Tetra	\$14.00				<input type="checkbox"/>
Fluzone® Quadrivalent HD	\$69.50				<input type="checkbox"/>
Fluzone® Quadrivalent	\$6.85				<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
subtotal in this refrigerator					
Grand total in this refrigerator					

**IMPORTANT: Fax completed form to PHU**

**Health Unit Use Only**

Name of staff that investigated the incident (signature and title):

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Data entered in Panorama : <input type="checkbox"/> Yes	Date:	ASC#:
EMR task sent to VPD Coordinator: <input type="checkbox"/> Yes	Date:	
Form and Report R00374 faxed to premise: <input type="checkbox"/> Yes	Date:	