PC-TSMP Worksheet (continuation sheet)

Site/Clinic Name: ____________________

Brand Name, NDC/Part#, and Manufacturer (Add this information if item is not listed in drop-down menu)	Lot #	Expiration Date	Quantity (# of doses)	Cost of TSMP	# MDV Open	Disposition
(SELECT FROM DROP-DOWN OR ENTER REQUIRED INFORMATION)				$0.00		(select one)

Submit by Email

Total Cost Affected TSMP: $0.00

Total Cost after Disposition: