

# Shingrix Bin Label examples

## RZV (Shingrix)

**Ages:** 50 years and older

**Use for:** Immunocompetent adults aged 50 years and older  
Immunocompetent adults who previously received  
Zostavax (ZVL)

**Route:** Intramuscular (IM) injection

**Refrigerate both components; DO NOT FREEZE**

**Reconstitute lyophilized varicella zoster component  
with manufacturer supplied adjuvant suspension**

**Beyond Use Time: Discard reconstituted vaccine if  
not used within 6 hours.**

## RZV (Shingrix)



**Lyophilized varicella  
zoster component**

+



**Manufacturer's  
adjuvant suspension**

=



**Shingrix  
vaccine**

**Refrigerate both components; DO NOT FREEZE**

**Beyond Use Time: Discard reconstituted vaccine if not used within 6 hours.**