VACCINE INVENTORY WORKSHEET

Date: _____ Site/Clinic Name:

Inventory Completed By:

Storage Unit Location: _____

| Brand Name, NDC/Part #, and Manufacturer | Lot Number | Expiration Date (YYYYMMDD) | Quantity (Number of doses) | Cost/ Dose of TSMP | Cost of TSMP | Number MDV* Open | Comments | |
|--|---------------|----------------------------------|----------------------------------|--------------------------|-----------------|------------------------|----------|--|
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| Add Brand Name, NDC/Part #, and Manufacturer if item is not listed in drop-down menu above | | | | | | | | |
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VACCINE INVENTORY WORKSHEET

| Date: | Site/Clinic Name: | Inventory Completed By: | | | | | |
|-------|------------------------|-------------------------|--|--|--|--|--|
| | Storage Unit Location: | | | | | | |
| | | Total Cost: | *MDV = multi-dose vial. Indicate # of vials opened. | | | | |
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