



**Short-Dated Vaccine Report Form**

Date Submitted: \_\_\_\_\_

Provider Site: \_\_\_\_\_ VFC PIN#: \_\_\_\_\_

Provider Site Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Days and Times Office Is Open: \_\_\_\_\_

**The following vaccines are due to expire within 60 to 90 days (2-3 months), and will not be used by the practice before the expiration date:**

Vaccine	NDC Number	Lot Number	Expiration Date	# of Doses

**INSTRUCTIONS TO PROVIDERS**

Please complete the form and fax to the VFC Program, 302-622-4154. A VFC Program Representative will call site to schedule the vaccine pick up with the person listed as the contact on this form if we have another site that will be able to use the vaccine.

**\*Please Note:** This form is used to advise the VFC Program that your site has vaccine that you will not be able to use before expiration date. This is not a return form.