Massachusetts Department of Public Health
Vaccine Management Unit
305 South Street Jamaica Plain, MA 02130
Phone: 617-983-6828 Fax: 617-983-6924

PIN:

Phone Number:

Contact Person:

Site Name:

Vaccine Usage Aggregate Report
Report By Age Group

Date:

ORDER FORM, USAGE FORM, AND TEMPERATURE LOGS ARE REQUIRED TO PROCESS ORDER

Vaccine	Lot #	<1	1	2-5	6-12	13-18	19-29	30-49	50-64	65+	Total	Doses Lost	Reason Code*
DT													
DTaP Daptacel ® Infanrix®													
DTaP-IPV Kinrix®													
DTaP-IPV-HepB Pediarix ®													
DTaP-IPV-Hib Pentacel ®													
Hep A (adult) Havrix®													
Hep A (peds) Havrix® Vaqta®													
Hep B (adult) Engerix-B®													
HepB(peds) Engerix® RecombivaxHB®													
Hib ActHIB®													

MDPH Vaccine Usage Aggregate Report

Site Pin Number_____ **Site Name**_____ _____**Date**_____

Vaccine	Lot #	<1	1	2-5	6-12	13-18	19-29	30-49	50-64	65+	Total	Doses Lost	Reason Code*
HPV Gardasil ® Cervarix®													
IPV IPOL®													
MCV4 Menactra® Menveo®													
MenB Bexsero Trumenba													
MMR MMRII®													
PCV13 Prevnar13®													
PPSV23 Pneumovax®													
Rotavirus Rotarix® RotaTeq®													
Td													
Tdap Adacel® Boostrix®													
MMRV ProQuad®													
Varicella Varivax®													

***REASON CODE**

1. Expired
2. Natural disaster/power outage
3. Refrigerator/freezer too warm
4. Refrigerator too cold
5. Failure to store properly upon receipt
6. Vaccine spoiled in transit
7. Mechanical failure
8. Spoiled
9. Broken vial/syringe
10. Discarding remaining doses in opened multi-dose vial.
11. Recall

Be sure to fill out the Vaccine Return Request Form for all unopened, unbroken lost doses