

MISSISSIPPI STATE DEPARTMENT OF HEALTH
Vaccine Wastage and Disposed Form
The clinic will be financially responsible for annual vaccine
lost/wasted greater than 5%

1. _____
Date

1. Clinic Name	3. PIN
4. Shipping Address	
5. City	
6. Telephone Number	
7. Contact Name	

Boxes 1-7 must be completed before submitting this form for processing.

IMPORTANT

- ✓ Email a copy to: vfcenrollment@msdh.ms.gov
Mississippi State Department of Health
Immunization Program
570 East Woodrow Wilson
Post Office Box 1700
Jackson, Mississippi 39215-1700
- ✓ Keep a copy for your file
- ✓ Include a copy with vaccine product to be returned
- ✓ **NOTE: For MSDH health departments, this form may be used to document adult vaccine wasted/dispensed. Fill out the form as instructed, except use adult as the funding source; email to the MSDH Pharmacy.**

Wastage Code:

1. Drawn up, not used 2. Dropped/Spilled 3. Other: _____

Vaccine	* Number of Doses	Expiration Date	Lot Number	NDC # Number	Funding Source (VFC, CHIP, State Ped, or 317)	Wastage Code

Nurse's Signature

Date

* Amounts entered on form must match what is being entered into MIIX.

Mississippi State Department of Health Form Instructions

Vaccine Wastage and Disposed Form

FORM NUMBER	F-132
REVISION DATE	October 2020 Clinics are to maintain for 3 years. The Central Office Immunization maintains for 3 years then transfers to
RETENTION PERIOD	SRC to be held for 5 years.

PURPOSE

The Vaccine Wastage and Disposed Form is used to document the amount of vaccine being wasted and disposed by each health department clinic or vaccine provider and the reason for its wastage.

INSTRUCTIONS

Wastage: Every dose of vaccine that is wasted must be documented by the clinic staff on the Vaccine Wastage and Disposed Form and submitted to the Immunization Program. A copy of the form must be maintained at the clinic location. **DO NOT RETURN VACCINE TO THE IMMUNIZATION PROGRAM.** Clinic staff must make every effort to minimize vaccine lost/wastage through proper storage, handling, and administration. The clinic will be financially responsible for annual vaccine lost/wastage greater than 5% in the clinic.

Note: Amounts entered on the form should match what is being returned and entered in MIIX.

1. Date: Enter the date (MM/DD/YYYY) the report is being completed.
2. Health Department/Clinic Name: Enter the name of the health department or clinic that is wasted and disposed the vaccine.
3. PIN: Enter the clinic's VFC PIN number.
4. Shipping Address: Enter the complete shipping address of the clinic.
5. City: Enter the city corresponding with the address.
6. Telephone Number: Enter the telephone number of the person completing this report.
7. Contact Name: Print the name of the contact person for the clinic/ facility.

All other columns are to be completed by vaccine type as follows:

- Vaccine: Enter the name of the vaccine being Wasted/disposed.
- Number of Doses: Enter the number of doses being wasted/disposed.
- Expiration Date: Enter the expiration date (MM/DD/YYYY) of the vaccine that is being wasted/disposed.
- Lot Number: Enter the lot number of the vaccine that is being wasted/disposed.
- NDC #: Enter the NDC number of the vaccine being wasted/disposed.
- Funding Source: Enter the funding source (VFC, CHIP, State Ped, or 317) for the vaccine being wasted/disposed. **Note:** Use adult funding source if using the form for MSDH pharmacy adult vaccine wasted/disposed.
- Wastage Code: Enter the reason for the vaccine wasted/disposed.

Nurses Signature and Date: Enter the date and electronic signature of person completing this report.

OFFICE MECHANICS AND FILING

Use the "Submit to MSDH Immunization" button to forward completed and electronically signed form with Immunization. Form is to be completed by the County Coordinating Nurse and/or Designee, and must be submitted to Central Office Immunization by the 15th of each month.