

# Provider Vaccine Inventory

## All State Supplied Vaccines

### Instructions

1. A vaccine inventory log should be completed for each program/vaccine initiative, to avoid confusion.
2. For each vaccine listed, allow one row for each lot number. Fill in all information requested from external package.
3. For each vaccine type, add the total number of doses together. List the resulting sum in the Grand Total column.
4. Retain a copy for your records and submit with your vaccine order by sending to [vacteam@utah.gov](mailto:vacteam@utah.gov).

|                          |               |                      |
|--------------------------|---------------|----------------------|
| Date Submitted           | Facility Name | Phone with Area Code |
| Person Completing Report |               | Signature            |

|  |
|--|
| Program Type/Vaccine Initiative: <input type="checkbox"/> VFC <input type="checkbox"/> Utah VFA <input type="checkbox"/> SP Adult <input type="checkbox"/> Adult Flu |
|--|

| Vaccine Type                     | Manufacturer | Lot Number | NDC Number | Expiration Date | Number of Doses | Grand Total |
|----------------------------------|--------------|------------|------------|-----------------|-----------------|-------------|
| DTaP                             |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| DTaP-Hep B-IPV<br>(Pediarix)     |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| DTaP-HIB-IPV<br>(Pentacel)       |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| DTaP-IPV-HIB-HEP B<br>(Vaxelis)  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| DTaP-IPV (Kinrix /<br>Quadracel) |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| IPV                              |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| Hepatitis A                      |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
| Hepatitis B                      |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |
|                                  |              |            |            |                 |                 |             |

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|---|--------------|------------|------------|-----------------|-----------------|-------------|
| <b>HIB</b>                                  |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>HPV</b>                                  |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>Meningococcal<br/>(A,B,C,W,Y / MCV4)</b> |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>Men ACWY-B<br/>(Penbraya)</b>            |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>Meningococcal B</b>                      |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>MMR</b>                                  |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>MMR-V</b>                                |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>Pneumococcal<br/>Conjugate</b>           |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>Rotavirus</b>                            |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
| <b>Tdap</b>                                 |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |
|   |              |            |            |                 |                 |             |

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| Vaccine Type                       | Manufacturer | Lot Number | NDC Number | Expiration Date | Number of Doses | Grand Total |
|------------------------------------|--------------|------------|------------|-----------------|-----------------|-------------|
| <b>Varicella</b>                   |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
| <b>COVID-19</b>                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
| <b>Other (e.g. Td, PPV23, RSV)</b> |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
| <b>Flu</b>                         |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |
|                                    |              |            |            |                 |                 |             |

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|--------------|--------------|------------|------------|-----------------|-----------------|-------------|
|              |              |            |            |                 |                 |             |
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