



Vaccine Reconciliation Form - GP Form

COVID-19 Vaccine AstraZeneca®

National Cold Chain Service Account Number		Date	___/___/___
Site name & address:			
Responsible person's name, MCRN		Site Phone No. :	
		RP's Mobile No:	

This table is for the reconciliation of vaccine vials received, vials used, doses administered. Two types of discrepancies may be observed: vials used are less than vials received (reasons for lost vials must be explained) and/or number of doses administered (people vaccinated) are less than the minimum number of doses expected in a vial (10 doses*).

Date	Number of vaccine vials received	Number of vaccine vials used	Doses Administered	Discrepancies	
				VIALS	DOSES
Total					

**up to 12 doses may be drawn up. If more than 10 x 0.5 ml doses can be safely and accurately withdrawn from a vial, they can be used as valid doses. There should be no pooling of vaccine from different vaccine vials.*

Please identify reasons for these vials/doses being lost

	Number of vials/doses lost:
Lost due to >6 hrs since first vial puncture	
Stored outside +2° C to +8 °C parameters	
Vial dropped	
Quality issue	
Other - Please describe:	

Please return completed form to pharmacyvaccines@vision.com before placing next vaccine order.