



Vaccine Reconciliation Form - GP and Pharmacist Form

COVID-19 Vaccine Pfizer BioNTech - Comirnaty®

National Cold Chain Service Account Number		Date	___/___/___
Site name & address:			
Responsible person's name, professional registration number		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 (6 doses*).

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

* up to 7 doses may be drawn up. If more than 6 x 0.3 ml doses can be safely and accurately withdrawn from a vial, they can be used as valid doses.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:
NIO advised return of vial due to excursion	
> 6 hours since dilution	
Vial shaken during dilution	
> or< 1.8ml NaCl added to vial	
Transported for > 12 hours	
Vial dropped	
Quality defect (e.g. coring)	
Reconstitution issue (operator issue)	
Other - Please describe:	

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