



# Vaccine Reconciliation Form - Clinic Form COVID-19 Vaccine Janssen®

<b>National Cold Chain Service Account Number</b>		Date <u>   </u> / <u>   </u> / <u>   </u>
<b>Site name &amp; address:</b>		
<b>Responsible person's name, MCRN</b>	<b>Site Phone No. :</b>	
	<b>RP's Mobile No:</b>	

**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) or number of doses administered (people vaccinated) are less than the minimum number of doses expected in a vial (5 doses \*).**

Date	Number of vaccine vials received	Number of vaccine vials used	Doses Administered	Discrepancies	
				VIALS	DOSES
<b>Total</b>					

*\*up to 6 doses may be drawn up. If more than 5 x 0.5ml doses can be safely and accurately withdrawn from a vial, they can be used as valid doses.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 >3 hrs since first vial puncture	
Stored outside +2 °C to +8 °C parameters > 12 hours	
Mechanical storage issue (prolonged vial on side/inverted )	
Vial dropped	
Quality issue	
Expired	
Other: please specify	

Please return completed for to [immunisation@hse.ie](mailto:immunisation@hse.ie) before placing next vaccine order.