



Louisiana Vaccines for Children (VFC)

VACCINE LOSS REPORT

Fill out this form completely. You may be contacted if ac	dditional information	on is required.	
Organization name (as displayed in LINKS) Facility name (as displayed in LINKS)		VFC PIN (found in LINKS) Date of vaccine loss	
Contact's first and last name		Phone number	
Select the reaso	n(s) for the vacci	ne loss:	
Expired	Failure to	Failure to store properly upon receipt	
Natural disaster/power outage	Vaccine s	Vaccine spoiled in transit	
Storage temperature too warm	Mechanic	cal failure	
Refrigerator temperature too cold	Spoiled		
Other:			
Explanation of loss:			
In order to ensure that this will not happen again, the fo	ollowing steps will/l	have been taken:	
Signature		_	
Printed name and title			





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VACCINE LOSS REPORT

Organization/facility name (as displayed in LINKS)	VFC PIN (found in LINKS)
Please record losses of VFC vaccine in doses (not vials). Do not inc	clude private inventory.

VACCINE MANUFACTURER LOT NUMBER EXPIRATION NUMBER OF DATE **DOSES LOST**

Please return all vaccines to the program office: Louisiana Office of Public Health Immunization Program 1450 Poydras Street, Suite 1938 New Orleans, LA 70112 **Total Doses**