



CONFIDENTIAL WHEN COMPLETED

Fax completed report to BCCDC Pharmacy (604) 707-2583

Attention: Joyce Seto or by e-mail to: joyce.seto@bccdc.ca

Vaccine Supply Problem Report

❖ **Reported by:**

[name, title, jurisdiction]

❖ **Date of report:**

[year/month/day]

❖ **Vaccine:**

[type, brand name, manufacturer, format]

❖ **Lot number and Expiry Date:**

❖ **Supplier/Manufacturer:**

❖ **Nature of the problem experienced:**

[Attach additional page if necessary]

❖ **Delivery:**

<input type="checkbox"/>	Out of stock
<input type="checkbox"/>	Delayed or incomplete delivery
<input type="checkbox"/>	Cold chain breach
<input type="checkbox"/>	Product damaged in delivery
<input type="checkbox"/>	Short expiry date
<input type="checkbox"/>	Other

❖ **Administration / Packaging:**

<input type="checkbox"/>	Dull needle
<input type="checkbox"/>	Needle separates from syringe
<input type="checkbox"/>	Contents cloudy or contains particles
<input type="checkbox"/>	Label concerns (e.g. can't read Lot #)
<input type="checkbox"/>	Other:

❖ **Additional comments?**

[Attach additional page if necessary]