

**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, contact phone]  
 .....
- ❖ **Date of report:** [year/month/day] .....
- ❖ **Vaccine:**
  - **Antigen:** .....
  - **Brand Name:** .....
  - **Manufacturer:** .....
  - **Format:** .....
  - **Number of affected doses:** .....
  - **Affected unit(s) quarantined:**  
 Yes..... No.....
- ❖ **Lot Number:** ..... **Expiry date:** .....
- ❖ **Nature of the problem experienced:**  
 [Attach additional page if necessary.] Please note if any harm to the provider or client.  
*For COVID-19 Vaccines, go to page 2 to report drawing less than recommended number of doses*

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❖ **Delivery:**

	Out of stock
	Delayed or incomplete delivery
	Cold chain breach
	Product damaged in delivery
	Short expiry date
	Other:

❖ **Administration / Packaging:**

	Dull needle
	Needle separates from syringe
	Contents cloudy or contains particles
	Label concerns (e.g. can't read Lot #)
	Other:

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## COVID 19 VACCINES (Sections A and B)

### A. Drawing less than the recommended number of doses:

(Pfizer: 6 doses/vial; Moderna: 10 doses/vial)

- ❖ Vaccine Brand: .....
- ❖ Lot Number: .....
- ❖ Was this issue noticed with only a single vial, or were there multiple vials involved
- ❖ (if yes, how many)? .....
- ❖ How many individuals were injected from these vials? .....
- ❖ Was the vial inspected prior to reconstitution/administration? .....
- ❖ Was there any visible colour or consistency observations in the volume? .....
- ❖ Provide photos (if available)
  
- ❖ Contact at the POU for further follow up? .....
- ❖ Please indicate if POU contact information can be provided to the Manufacturer for their direct follow-up: **YES** or **NO** .....

### B. Details: [Please provide details of the problem experienced; including when experienced and frequency / extent of problem. Attach additional page if necessary.]

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