

MARYLAND VFC PROGRAM VACCINE INVENTORY FORM Fax Pages 1 & 2 To: (410) 333-5893

VFC PIN #: (REQUIRED)	Name of Physician's Office, Practice, Clinic, Etc.: (REQUIRED)	Today's Date: (REQUIRED) / /
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Vaccine Brand Name	NDC #	VFC Vaccine Lot # (REQUIRED)	# of VFC Doses on Hand	Expiration Date (REQUIRED)	ADDITIONAL VFC Vaccine Lot #	# of VFC Doses on Hand	ADDITIONAL Expiration Date
MMR-II <i>Vials</i> (MMR)	00006-4681-00						
Pediarix <i>Syringes</i> (DTAP/Hep B/IPV)	58160-0811-52						
PedvaxHIB <i>Vials</i> (Hib)	00006-4897-00						
Pentacel <i>Vials</i> (DTaP/IPV/Hib)	49281-0510-05						
Pneumococcal Conjugate <i>Syringes</i> (PCV13)	00005-1971-02						
ProQuad <i>Vials</i> (MMRV)	00006-4999-00						
Recombivax <i>Syringes</i> (Hepatitis B)	00006-4981-09						
Recombivax <i>Vials</i> (Hepatitis B)	00006-4981-00						
Rotarix <i>Vials</i> (Rotavirus)	58160-0854-52						
RotaTeq <i>Vials</i> (Rotavirus)	00006-4047-41						
Vaqta <i>Syringes</i> (Hepatitis A)	00006-4831-09						
Vaqta <i>Vials</i> (Hepatitis A)	00006-4831-41						
Varivax <i>Vials</i> (Varicella)	00006-4827-00						

Helpful tips for completing your VFC Inventory Form:

- Check your freezer!
- Write "0" next to a vaccine if you do not have any in stock.
- Include ALL lot numbers, expiration dates, and exact quantities.
- If you have additional lot numbers, make copies of this form.
- Do not report expired vaccine on this form; list it on a Vaccine Return Form.
- Write neatly and clearly.
- Do not include lot numbers and expiration dates for vaccines with 0 quantity on hand.
- DT, Td, PPV23, and Hiberix are special request vaccines.

VFC Contact Center

(410) 274-6240: Baltimore, Baltimore City, Harford, Howard
 (410) 299-5647: Frederick, Montgomery, Prince George's
 (410) 404-4128: All other counties

Incomplete inventories will NOT be processed.