

# Pandemic (H1N1) 2009 Influenza Vaccination

## Vaccine Wastage Record - Panvax<sup>®</sup> Multi Dose Vials

VSP No.:

Contact Name: \_\_\_\_\_

Instructions for completing this form:

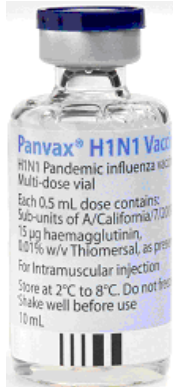
1. Please mark off on the following pictorial the amount of vaccine DISCARDED at the end of the 24 hour period
2. Please return this sheet on a weekly basis to QHIP - FAX 3328 9721 or 3328 9720
3. Use additional form if more than three vials are used in the one week

Week beginning: Monday: \_\_\_/\_\_\_/\_\_\_ to Sunday: \_\_\_/\_\_\_/\_\_\_

### 18 DOSE MULTI VIAL

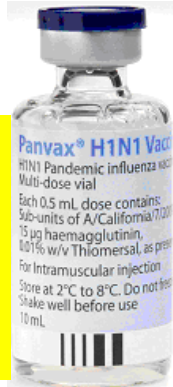


Bottle 1



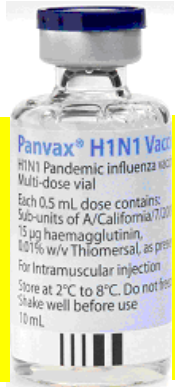
**\* 100%**  
**75%**  
**50%**  
**25%**

Bottle 2



**\* 100%**  
**75%**  
**50%**  
**25%**

Bottle 3



**\* 100%**  
**75%**  
**50%**  
**25%**

### 10 DOSE MULTI VIAL

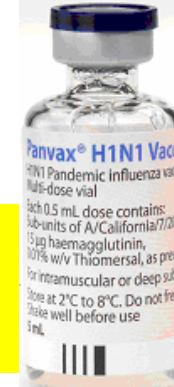


Bottle 1



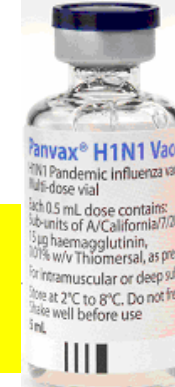
**\* 100%**  
**50%**  
**25%**

Bottle 2



**\* 100%**  
**50%**  
**25%**

Bottle 3



**\* 100%**  
**50%**  
**25%**

\* MARK ON THE VIAL THE AMOUNT OF VACCINE DISCARDED IN EACH VIAL OPENED MORE THAN 24 HOURS