



Vaccine Transport Inventory Sheet

Provider Site Name: _____ VFC PIN: _____

Vaccine packed by: _____ Date: _____ Time prepared: _____

Type of vaccine: (Circle one) Frozen / Refrigerated
 Are diluents enclosed? (Circle one) Yes / No / NA
 Acceptable refrigerator temp: 36.0° to 46.0°F / 2.0°C to 8.0°C
 Acceptable freezer temp: - 58.0° to 5.0° F / -50.0° to -15.0°C

Vaccine	Brand Name and Number of Doses				Lot Number
DTaP	Daptacel		Infanrix		
DTaP-IPV	Kinrix		Quadracel		
DTaP-Hep B-IPV	Pediarix				
DTaP-IPV-Hib	Pentacel				
DTaP-IPV-Hib-Hep B	Vaxelis				
Hep A	Havrix		Vaqta		
Hep B	Engerix B		Recombivax HB		
Hep A-Hep B	Twinrix				
Hib	ActHIB		PedvaxHIB	Hiberix	
HPV	Gardasil				
IPV	I POL				
MCV4	Menactra		Menveo	MenQuadfi	
MenB	Bexsero		Trumenba		
MMR	M-M-RII				
MMRV	ProQuad				
PCV13	Prennar 13				
PPV23	Pneumovax 23				
Rotavirus	Rotateq		Rotarix		
Td	Tenivac		TDVAX		
Tdap	Adacel		Boostrix		
Varicella	Varivax				
Other					

Facility accepting vaccine: _____ Date: _____ Time received: _____

Type of vaccine: (Circle one) Frozen / Refrigerated
 Are diluents enclosed? (Circle one) Yes / No / NA

The above vaccine has been transported in accordance with CDC guidelines and has been accepted and stored appropriately following transport.

Signature of person accepting vaccine: _____

Signature of person storing vaccine: _____