

APPENDIX 7

**Appendix 7: Product Wastage Report Form**

- **USE FOR:** all vaccines, Tubersol™, Tlg, Ig, Rablg, azithromycin, amoxicillin, benzathine penicillin (Bicillin® L-A), cefixime, ceftriaxone, ciprofloxacin, doxycycline, erythromycin, rifampin, epinephrine and lidocaine. Diluents for MMR, Var and MMRV do not need to be reported.
- **DO NOT REPORT COLD CHAIN WASTAGE ON THIS FORM.**

**Submit to:** Saskatchewan Disease Control Laboratory  
 Provincial Vaccine Depot  
 5 Research Drive  
 Regina, SK, S4S 0A4  
**Fax: 306-798-0071**  
 Phone: 306-787-7638

RHA site/FNJ site/Pharmacy/Wholesaler submitting report: \_\_\_\_\_

Reporter name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

					Indicate only 1 reason for wastage			
Product Name	Manu- facturer	Lot Number	Expiry date	Number of Doses	EXPIRED OPENED	EXPIRED UNOPENED	Dose not admini- stered	Defective or damaged (Note: Vaccine Problem Report must also be submitted)