



Bureau of Immunization
NYC DOHMH
Phone: (212) 676-2323 Fax: (212) 676-2314

H1N1 EXPIRED/SPOILED VACCINE REPORTING FORM

Please complete the form below for all expired and/or spoiled H1N1 vaccines and either scan and email the form to nycflu@nyc.gov or fax it to the Citywide Immunization Registry (CIR) at 212-676-2314. Once this process is complete, the vaccine may be discarded as medical waste.

Facility Code: _____ PIN : _____
 Provider: _____ Phone #: _____
 Contact Name: _____ Title: _____
 Address: _____

Manufacturer	Presentation	Check all that apply			
		Please indicate the number of doses EXPIRED and the lot number	Please indicate the number of doses SPOILED and the lot number	# of Doses	Lot Number
Sanofi	.25 mL Prefilled syringe	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
Sanofi	0.5 mL Prefilled syringe	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
Sanofi	Multi-dose vial	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
Novartis	0.5 mL Prefilled syringe	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
Novartis	Multi-dose vial	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
CSL	0.5 mL Prefilled syringe	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
CSL	Multi-dose vial	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		
MedImmune	Nasal sprayer	Expired <input type="checkbox"/>	Spoiled <input type="checkbox"/>		