



Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Monthly Biological Report

Month: _____ Year: 20 _____ PIN: _____

Agency: _____					Name of person completing report: _____						
Street Address: _____					Phone number: (_____) _____						
City: _____ Zip: _____											
Vaccine	A. Doses on Hand at beginning of Month	B. Doses Received during Month	C. Doses Transferred into Inventory from Another Provider	D. Total Inventory A+B+C=	E. Doses Administered during Month Subtract from Inventory			F. Expired/ ruined Doses Returned to Distributor	G. Doses Transferred out to Other Providers	H. Doses on Hand at End of Month	I. Net Does Lost or Gained. Enter + or -
	Beginning Inventory	Add to Inventory	Add to Inventory	Subtotal	a. birth-18 years	b. 19 years +	Total a + b =	Subtract from Inventory	Subtract from Inventory	Physical Count	
DT											
DTaP											
DTaP-HepB-IPV (Pediarix)											
DTaP-IPV-Hib (Pentacel)											
DTaP-IPV (Kinrix)											
DTaP-IPV/Hib/Hep B (Vaxelis Merck)											
Hep A ped/adolescent											
Hep B ped/adolescent											
Hep A-Hep B (Twinrix)											
Hib											
Hib (Hiberix-booster only)											
HPV 2											
HPV 4											
HPV 9											
Influenza .25ml (6-35 mo.)											
Influenza .5ml (36 mo. +)											
Influenza intranasal (LAIV)											
IPV											
MenACWY (MCV4)											
Menquadfi (MCV4)											
MenB											
MMR											
MMRV											
PCV13											
PPSV23											



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	Beginning Inventory	Add to Inventory	Add to Inventory	Subtotal	a. birth-18 years	b. 19 years +	Total a + b =	Subtract from Inventory	Subtract from Inventory	Physical Count	
Rotavirus RV5 (RotaTeq)											
Rotavirus RV1 (Rotarix)											
Td											
Tdap											
Varicella											
Hep A Adult*											
Hep B Adult *											
Zoster *											

* Available only to practices enrolled in Adult Safety Net (ASN) Program.

Explanation of expired/ruined doses (F) and gain/lost (I). _____

This is to certify that this report is a true accounting of the above biologicals received from the Texas Department of State Health Services that were administered during the reported time period.

Signature of local health authority or person responsible for vaccine administration. _____

Date _____

Instructions:

This report should be completed each month by every organization that receives state-supplied vaccine. Retain a copy for three (3) years. Submit to your local or regional health department each month. Please do not include doses purchased with private funds.

Column A: Starting inventory. Must match column H from previous month's C-33 report

Column B: Enter total doses of each vaccine received as shown on Biological order form C-68. Add these to the starting inventory.

Column C: State-supplied vaccine transferred from other providers. Do not include wasted or expired vaccine. Add to inventory.

Column D: Subtotal. Add column A + B + C.

Column E: Enter doses administered during month by birth through 18 years and 19 years and older in the appropriate column.

Column F: Expired or ruined doses returned to the distributor. Please give an explanation of all returned vaccines in the space above. Subtract from inventory.

Column G: Doses transferred out of your inventory to other providers. Do not include expired, ruined or wasted vaccine in this count. Subtract from inventory.

Column H: This is the physical count of each dose of the biological. This is the ending inventory for this month and will be the starting inventory for next month.

Column I: Net Doses = D - (E + F + G + H). Enter net doses lost or gained. If ending inventory (E + F + G + H) is larger than D, you have a gain (+). If it is less than D, you have a loss (-). Please explain all losses and gains in space above.