



State of Nevada
 Dept of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Ste 210
 Carson City, NV 89706
 Fax to (775) 684-8338

Nevada Cocooning for Pregnant Women
2016 - 2017 SEASON
Influenza Vaccine Inventory Accountability Form

Facility Name:	PIN:
Contact:	
Direct Phone Line:	

Use this form to report influenza vaccine usage monthly. Complete and submit this form with your regular NSIP monthly paperwork. Use the "Nevada Cocooning for Pregnant Women Flu Vaccine Request Form" to order more influenza vaccine as needed.

COCOONING FLU VACCINE REPORTING			Reporting Period	
PLEASE PRINT CLEARLY			Begin:	
DO NOT zero fill boxes			End:	
	Lot Number	Exp Date	Total Administered	Total End of Month Refrigerator Count
Fluarix Quad Single Dose Syringe 10-pack 58160-0905-52				



Vaccine Project for Pregnant Women