



MARYLAND VFC PROGRAM VACCINE INVENTORY FORM

Fax Pages 1 & 2 To: 410-333-5893

VFC PIN #: (REQUIRED)	Today's Date: (REQUIRED) / /	Phone: (REQUIRED)	Fax:
Name of Physician's Office, Practice, Clinic, Etc.: (REQUIRED)		Contact Person: (REQUIRED)	
Special Delivery Instructions:		Contact Email:	

Vaccine Brand Name (alphabetical order)	NDC #	VFC Vaccine Lot # (REQUIRED)	# of VFC Doses on Hand	Expiration Date (REQUIRED)
ActHIB Vials (Hib)	49281-0545-05			
Adacel Syringes (Tdap)	49281-0400-15			
Adacel Vials (Tdap)	49281-0400-10			
Boostrix Syringes (Tdap)	58160-0842-52			
Boostrix Vials (Tdap)	58160-0842-11			
Daptacel Vials (DTaP)	49281-0286-10			
Engerix B Syringes (Hepatitis B)	58160-0820-52			
Engerix B Vials (Hepatitis B)	58160-0820-11			
Gardasil 4 Vials (HPV)	00006-4045-41			
Gardasil 9 Vials (HPV)	00006-4119-03			
Havrix Syringes (Hepatitis A)	58160-0825-52			
Havrix Vials (Hepatitis A)	58160-0825-11			
Infanrix Syringes (DTaP)	58160-0810-52			
Infanrix Vials (DTaP)	58160-0810-11			
IPOL Vials (IPV)	49281-0860-10			
Kinrix Syringes (DTaP/IPV)	58160-0812-52			
Kinrix Vials (DTaP/IPV)	58160-0812-11			

ADDITIONAL VFC Vaccine Lot #	# of VFC Doses on Hand	ADDITIONAL Expiration Date

VFC PIN #: (REQUIRED)	Name of Physician's Office, Practice, Clinic, Etc.: (REQUIRED)	Today's Date: (REQUIRED) / /
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Vaccine Brand Name	NDC #	VFC Vaccine Lot # (REQUIRED)	# of VFC Doses on Hand	Expiration Date (REQUIRED)	ADDITIONAL VFC Vaccine Lot #	# of VFC Doses on Hand	ADDITIONAL Expiration Date
Menactra Vials (MCV4)	49281-0589-05						
Menveo Vials (MCV4)	46028-0208-01						
MMR-II Vials (MMR)	00006-4681-00						
Pediarix Syringes (DTAP/Hep B/IPV)	58160-0811-52						
PedvaxHIB Vials (Hib)	00006-4897-00						
Pentacel Vials (DTaP/IPV/Hib)	49281-0510-05						
Pneumo. Conju. Syringe (PCV13)	00005-1971-02						
ProQuad Vials (MMRV)	00006-4999-00						
Recombivax Syringes (Hepatitis B)	00006-4981-09						
Recombivax Vials (Hepatitis B)	00006-4981-00						
Rotarix Vials (Rotavirus)	58160-0854-52						
RotaTeq Vials (Rotavirus)	00006-4047-41						
Vaqta Syringes (Hepatitis A)	00006-4831-09						
Vaqta Vials (Hepatitis A)	00006-4831-41						
Varivax Vials (Varicella)	00006-4827-00						

Helpful tips for completing your VFC Inventory Form:

- **MenB, Td, DT, PPV23, & Hiberix available by written request to 410-333-5893 (fax)**
- **Write "0" next to a vaccine if you do not have any in stock**
- **Include ALL lot numbers, expiration dates, and respective quantities**
- **If you have additional lot numbers, make copies of this form**
- **Do not report expired vaccine on this form; list it on a Vaccine Return Form**
- **Write neatly and clearly**

VFC Contact Center

(410) 274-6240: Baltimore, Baltimore City, Harford, Howard
 (410) 299-5647: Frederick, Montgomery, Prince George's
 (410) 404-4128: All other counties

Incomplete inventories will NOT be processed.