Vaccine Supply Problem Report

CONFIDENTIAL WHEN COMPLETED
Send completed report to Central Serum Depot:
Fax (506) 648-6477 or
by e-mail Serum.depot@gnb.ca

SECTION 1: CONTACT INFORMATION
Reported by: ____________________________________________________________
Date of Report: ______________________________________________________________________
Contact information: ______________________________________________________________________

SECTION 2: VACCINE INFORMATION
Vaccine (antigen): ______________________________________ Brand name: ______________________________________________________________________
Manufacturer: ______________________________________________________________________ Lot number: ______________________________________________________________________
Format: ______________________________________________________________________

SECTION 3: REPORT INFORMATION
Nature of the problem (check√)
Delivery
☐ Delayed or incomplete delivery
☐ Cold chain breach
☐ Product damaged in delivery
☐ Short expiry date
☐ Other

Administration /packaging
☐ Dull needle
☐ Needle separates from syringe
☐ Contents cloudy or contains particles
☐ Label concerns (e.g. can’t read Lot #)
☐ Other

Details of problem: Please provide details of the problem experienced; including when experienced and frequency/extent of problem. Attach additional page if necessary.
________________________________________________________________________________________________________________________________________________________________________________________________________

Was the problem satisfactorily resolved? ☐ Yes ☐ No
How was the problem resolved?

____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Additional comments:
____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

SECTION 4: PROVINCIAL REVIEW
To be completed by NB OCMOH
Contract Number: ______________________________________________________________________ Supplier: ______________________________________________________________________
Reviewed by: ______________________________________________________________________ Date: ______________________________________________________________________
Date sent to VSWG: ______________________________________________________________________

FOR YOUR INFORMATION: PURPOSE OF THE VACCINE SUPPLY PROBLEM REPORT
The Vaccine Supply Problem Report is intended to allow for the central collection of information on problems experienced in the procurement and/or use of vaccines, even if the problem has been satisfactorily resolved by the supplier.
Vaccine Supply Problem Reports from all F/P/T jurisdictions are collated and are available to the Vaccine Supply Working Group member representing New Brunswick.