PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

Instructions

- **Complete all applicable sections on page 1 and 2**
- **Please attach or fax a Vaccine Wastage Report for this product**
  EXCEPTION: A Wastage Report is **not** required when reporting less than full number of doses in a COVID-19 vaccine vial.
- A Vaccine Problem Report is to be completed when there is defective or damaged product. **Please include a picture whenever possible.**
- Not all Vaccine Wastage Reports will require a Vaccine Problem Report.

Check Yes or No as applicable:

Wastage Report Attached Yes ❑ N ❑ OR

(Non-COVID-19 Vaccines ONLY): Wastage Report Faxed to RRPL Y ❑ N ❑

1. Reporter name (print):_____
2. Jurisdiction/Region: _____
3. Is product (without needle attached) being returned with this report? **Yes ❑ No ❑**
4. Date the incident occurred: YYYY/MM/DD _____
5. Vaccine brand name: _____
6. Manufacturer name: _____
7. Lot number(s): _____
8. Number of doses affected: _____
9. Problem/Issue Type:

	Dull or missing needle
	Needle separated from syringe during administration
	Contents cloudy
	Contents contains particles
	Illegible label or lot number
	Label missing
	Other –

Details of the problem-issue, including any visible colour or consistency observations in the volume. **For needle/syringe issues (ex. leakage), indicate the brand and size of each.**

_____

_____

_____

Saskatchewan

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10. **COVID-19 Vaccines- Drawing less than the full number of doses**

NOTE: One less dose does not need to be reported for Pfizer 12+ vaccine or Moderna vaccine.

a. How many vials were affected? _____

b. How many doses were obtained from the vial(s)?_____

c. Syringe Type:

- Administration: ❑Low dead space (LDS) 1mL ❑Non-LDS 1mL ❑3mL

  Brand:_____

- Reconstitution (if applicable): ❑LDS 1mL ❑Non-LDS 1mL ❑3mL

  Brand:_____

d. Needle Type:

- Administration: ❑25G 1" ❑25G 1.5" ❑Other: _____

  Brand:_____

- Reconstitution (if applicable): ❑21G 1" ❑21G 1.5" ❑Other: _____

  Brand:_____

e. Was the vial inspected prior to reconstitution/administration? Yes ❑ No ❑

11. **Name and contact information for further follow up:**

_____

Please indicate if contact information can be provided to the Manufacturer for their direct follow-up: Yes ❑ No ❑