

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

TOTAL TRANSPORTATION TIME: _____

CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

TOTAL TRANSPORTATION TIME: _____

CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

TOTAL TRANSPORTATION TIME: _____

CLINIC: _____

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THAW DATE: _____ USE BY DATE: _____

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CLINIC: _____

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DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

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CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

TOTAL TRANSPORTATION TIME: _____

CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

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CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

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CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

TOTAL TRANSPORTATION TIME: _____

CLINIC: _____

VACCINE: _____ LOT #: _____

DOSES: _____ # VIALS: _____ THAWED

THAW DATE: _____ USE BY DATE: _____

TOTAL TRANSPORTATION TIME: _____

CLINIC: _____