



UTAH DEPARTMENT OF
HEALTH

Adult Hepatitis B Vaccine Initiative

4th Quarter Report*

(October, November, December)

Date Submitted (mm/dd/yy)	Provider PIN # (VFC PIN)	Phone with Area Code ()
Name of Clinic or Provider		
Name of Person Submitting Form (Print):		
<i>I certify under penalty of law that the information below is true.</i>	Signature:	Date:

Current vaccine inventory and doses administered must be reported quarterly regardless of whether additional vaccine is ordered.

Quarterly Vaccine Order

VACCINE	BRAND NAME (MANUFACTURER)	DOSES ORDERED	UDOH USE ONLY		
			Doses Filled	Doses Back Ordered	VacMan Entry Date
Twinrix® (Hep A/B)	GlaxoSmithKline (GSK)				

Current Vaccine Inventory

Adult Hepatitis B Vaccination Initiative Vaccines ONLY

Vaccine	Lot Number	Expiration Date	Number of Doses	Grand Total of Doses
Twinrix® (Hep A/B)				

Doses Administered

Month	Total Doses of Twinrix® (Hep A/B)
October	
November	
December	

***Submit by January 15th to:**

Utah Department of Health
Immunization Program
PO Box 142001
Salt Lake City, UT 84114-2001
FAX: (801) 538-9440

Vaccine Storage Temperatures:

Refrigerator 35°-46° F (2°-8° C).

Refrigerate vaccine on arrival. Protect from light. DO NOT FREEZE.