**Bivalent COVID-19 Vaccine PCH Clinic Tracking Tool**

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| **PCH Name:** |  |
| **Vaccine Clinic Date:** |  |
| **Time vaccine arrived:** |  |
| **Bivalent COVID-19 Vaccine:** | 🞏 Spikevax bivalent (Moderna) | 🞏 Comirnaty bivalent (Pfizer) |
| **Time vaccine vials punctured:**  | *Spikevax must be used within 24 hours* | *Comirnaty must be used within 12 hours* |
| **# bivalent vaccine vials delivered:** |  |  |
| **# of bivalent vaccine doses delivered:** | *Spikevax vials x 5 doses of 0.5 mL per vial* | *Comirnaty vials x 6 doses of 0.3 mL per vial* |

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| --- | --- | --- | --- | --- | --- | --- |
| ***# vials used*** | ***Vaccine Dose*** | ***# of doses per vial*** | ***# of wasted doses*** | ***Lot # of wasted doses*** ***(e.g. 015F22A)*** | ***Resident Bivalent Vaccinations Administered*** | ***Staff Bivalent Vaccinations******Administered*** |
|  | **Spikevax bivalent (Moderna) 0.5 mL doses** |  |  |  |  |  |
|  | **Comirnaty bivalent (Pfizer) 0.3 mL doses** |  |  |  |  |  |

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| **Total Vaccine Doses Administered:***\*This # MUST equal the number of consents*  |  |
| **Total Vaccine Doses Wasted & Reason:** |  |
| **Total Vaccine Doses:***\*This # MUST match the # of doses delivered* |  |

**\*\*At the end of the vaccine clinic, include a copy with the consent forms and send via secure courier with tracking and signature receipt to: Attention: PH Clerk CD Unit, 490 Hargrave Street, 2nd floor Winnipeg, MB R3A 0X7**