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

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| --- | --- |
| **PCH Name:** |  |
| **Vaccine Clinic Date:** |  |
| **Time vaccine arrived:** |  |
| **Time vaccine must be diluted by:** *(2 hours after thawed)*  |  |
| **Time vaccine is diluted:**  |  |
| **Time vaccine must be administered by:***(6 hours after dilution)* |  |
| **# of Pfizer vaccine vials delivered:** |  |
| **# of Pfizer vaccine doses delivered:***# of vaccine vials x 6* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***# vials used*** | ***# of doses per vial*** | ***# of wasted doses*** | ***Lot # of wasted doses******(e.g. EW0199)*** | ***Resident Vaccinations Administered*** | ***Staff Vaccinations Administered*** |
| ***# 1st Doses*** | ***# 2nd Doses*** | ***# 3rd Doses for immuno-compromised*** | ***# First boosters*** | ***# Second boosters*** | ***# 1st Doses*** | ***# 2nd Doses*** | ***# First boosters*** | ***# Second boosters*** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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, send a copy of the completed form by email to** **abell3@wrha.mb.ca** **and 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**