

Please fill in the information below and email to Alberta Health at **AHWPVD@gov.ab.ca** or fax to **780-643-7059**. Return the faulty product, with a copy of this form, to the Provincial Vaccine Depot (via your AHS depot). If you are unable to send the faulty product, please include a picture when submitting, if applicable.

If the publicly funded vaccine was received from a pharmacy wholesale distributor, please send an email to AHWPVD@gov.ab.ca with your contact information and a copy of this form for further guidance.

**Please do not send needles when returning faulty product.**

General Information			
Date	Zone	Location	
Product		Manufacturer	Lot #
		Expiry Date	
Reporter		Immunizer	

Section 1	
<b>If a COVID vaccine multi-dose vial contains LESS than recommended doses, please fill Section 2.</b>	
Issue	# of Doses Affected
Comments	

Section 2: Fill below if LESS than recommended doses produced. Moderna is only reportable if <10 doses or < 14 doses as applicable.		
<b>Please do NOT return vials that contain less than recommended doses.</b>		
1. Was this issue noticed with only a single vial, or were there multiple vials involved (if yes, how many)?	Single vial	Multiple; # of vials _____
2. How many individuals were injected from these vial(s)?	_____	
3. Was vial inspected prior to reconstitution or administration?	Yes	No
4. Was there visible colour or consistency observations? (Provide photos if available and include details in Section 1: Comments)	Yes	No
5. What type of syringe was used? Manufacturer, if available: _____	1mL syringe, low-dead volume 1mL syringe, non-low dead space 3mL syringe, non-low dead space	
6. What was the needle gauge used? Manufacturer, if available: _____	21G	23G      25G
7. Do you consent to be contacted by the manufacturer for follow up? If yes, please provide contact information below:	Yes	No
Email: _____	Phone number: _____	