

Place Patient Demographic  
Sticker Here (if available)

# IMPORTANT

## RABIES VACCINE TAKEN FROM - ER FRIDGE at:

\_\_\_\_\_ **Hospital**  
(please fill in hospital name above)

When Rabies Vaccine is dispensed, please record **fully** and report to the Health Unit for inventory Purposes.

**Patient Name:** \_\_\_\_\_

**Date Take from:** \_\_\_\_\_

**Taken By Staff:** \_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\***

**Any wasted doses MUST be reported to the Health Unit**

Brand Name	No. of vials used	<u>Lot &amp; expiry</u> (for every vial used)	<u>No of vials Remaining</u> (include # of vials still remaining in fridge after doses have been administered for both Vaccine and RIG)
Imovax or Rabavert etc. (Rabies vaccine)			
HyperRab, Kam Rab, or Imogam etc. (Rabies Immune Globulin)			

**\*\*NOTE** – if you have mixed brands in your fridge please include all doses in fridge when reporting back to the Health Unit your inventory on hand quantities

**All hospitals to fax this form to 519-271-2785**