

# Texas Department of State Health Services Monthly Biological Report

Agency \_\_\_\_\_ Month / Year of Report \_\_\_\_\_ PIN \_\_\_\_\_  
 Address \_\_\_\_\_ Suite/Room No. \_\_\_\_\_ Name of Person Completing This Report \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number With Area Code (\_\_\_\_\_) - \_\_\_\_\_

See  
reverse for  
instructions

Vaccine	A. Doses on Hand at Beginning of Month  <i>Beginning inventory</i>	B. Doses Received During Month  <i>Add to inventory</i>	C. Usable Doses Returned to Your Inventory  <i>Add to inventory</i>	D. A+B+C=  <i>Subtotal</i>	E. Doses Administered During Month  <i>Subtract total from inventory</i>			F. Doses Sent Back to Vaccine Distributor  <i>Subtract from inventory</i>	G. Doses Issued Out of Your Inventory to Other Providers  <i>Subtract from inventory</i>	H. Doses on Hand at End of Month  <i>Ending inventory</i>	I. Net Doses Lost or Gained: Enter (-) or (+) Figure
					< 1-18	19 +	Total				
DT											
DTaP											
DTaP-HEP B-IPV											
DTaP-IPV-Hib											
DTaP-IPV											
HEP A											
HEP B											
Hib											
Hib-HEP B											
HPV											
INFLUENZA 0.25 mL											
INFLUENZA 0.5 mL											
INFLUENZA-Intranasal											
IPV											
MCV4											
MMR											
MMRV											
PCV7											
PNEUMOCOCCAL											
ROTAVIRUS											
Td											
Tdap											
VARICELLA											

This is to certify that this report is a true accounting of the above biologicals received from the Texas Department of State Health Services that were administered during the reported time period. No one was refused immunizations for failure to pay an administrative fee or failure to make a donation to the provider.

Explanation of all doses returned (F column) and doses gained and lost (I column):

\_\_\_\_\_  
 Signature of local health authority or person responsible for vaccine administration

\_\_\_\_\_  
 Date

(\_\_\_\_\_) \_\_\_\_\_  
 Phone



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Instructions

This report should be completed monthly by all entities that receive state-supplied vaccines. Retain a copy for one year. Please do not report doses purchased with private funds.

- Column A:** Doses on Hand at Beginning of Month – must be the same as Column H from the previous month’s C-33 report. This is the beginning inventory.
- Column B:** Doses Received During Month – enter total doses of each biological received as shown on Biological Order Form C-68 or other documentation. These doses are added to the inventory.
- Column C:** Usable Doses Returned to Your Inventory – state-purchased vaccines received from other providers. These doses are added to the inventory. Do not include wasted or expired vaccines in this column.
- Column D:** Subtotal: Add sections A, B and C.
- Column E:** Doses Administered During Month – enter the number of doses administered to ages birth through 18 years of age in the <1-18 column. Enter the number of doses administered to ages 19 and older in the 19+ column. Add the <1-18 and 19+ doses administered and enter that number to the Total column. Total doses administered for the month are subtracted from inventory.
- Column F:** Doses Sent Back to Vaccine Distributor – this includes wasted and expired/expiring vaccines. Please give an explanation of all returned vaccines at the bottom of the form. These doses are subtracted from the inventory.
- Column G:** Doses Issued Out of Your Inventory to Other Providers – state-purchased vaccines issued out of your inventory to other providers. These doses are subtracted from the inventory. Do not include wasted or expired vaccines in this column.
- Column H:** Doses on Hand at End of Month (Actual Physical Count) – this is the physical count of each dose of each biological. This is the ending inventory for the month, and will also be the beginning inventory for next month’s report.
- Column I:** Net Doses Lost or Gained – enter net doses lost or gained computed as follows:  
E+F+G+H should equal D. If E+F+G+H is larger than D, you have a gain. If E+F+G+H is smaller than D, you have a loss. Please explain all losses and gains.

Mailing Address:  
Texas Department of State Health Services  
MC-1946  
P.O. Box 149347  
Austin TX 78714-9347



Texas Department of State Health Services  
Immunization Branch  
[www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)

Form C-33  
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