Connecticut Vaccine Program

Vaccine Discrepancy Report

If you did not receive all requested doses from this month's vaccine order and wish to file a descrepancy report, please complete the form below and send to the Immunization Program for review. Fax this completed form to 860-509-8371 or e-mail to dph.immunizations@ct.gov.

Name of Facility	Date of Order	Completed By	Provider Pin:

Vaccine	Brand Name	Doses Requested	Doses Received	Comments