(pieczęć jednostki sprawozdającej)

Stan szczepionek na dzień .........................................

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| L.p. | Nazwa preparatu | Stan szczepionekna ostatni dzień poprzedniego kwartału | PRZYCHODY | RAZEM PRZYCHÓD | ROZCHODY | RAZEM ROZCHÓD | Stan szczepionek na koniec kwartału | Daty ważności |
| Ilość pobranej szczepionki z PSSE | Pobrane z innych obiektów | Ilość zużytejszczepionki | Oddane do innych obiektów |
| Ilość - skąd | Ilość - dokąd |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. |
| 1. | **Act Hib** |  |  |  |  |  |  |  |  |  |
| 2. | **BCG** |  |  |  |  |  |  |  |  |  |
| 3. | **Clodivac** |  |  |  |  |  |  |  |  |  |
| 4. | **DTP** |  |  |  |  |  |  |  |  |  |
| 5. | **Engerix** |  |  |  |  |  |  |  |  |  |
| 6. | **Euvax B 0,5 ml** |  |  |  |  |  |  |  |  |  |
| 7. | **Euvax B 1,0 ml** |  |  |  |  |  |  |  |  |  |
| 8. | **Imovax Polio** |  |  |  |  |  |  |  |  |  |
| 9. | **Infanrix IPV Hib** |  |  |  |  |  |  |  |  |  |
| 10. | **MMRVax Pro** |  |  |  |  |  |  |  |  |  |
| 11. | **Pentaxim** |  |  |  |  |  |  |  |  |  |
| 12. | **Prevenar 13** |  |  |  |  |  |  |  |  |  |

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| 13. | **Synflorix** |  |  |  |  |  |  |  |  |  |
| 14. | **SSI Tdap** |  |  |  |  |  |  |  |  |  |
| 15. | **Boostrix** |  |  |  |  |  |  |  |  |  |
| 16. | **TT** |  |  |  |  |  |  |  |  |  |
| 17. | **Tetraxim** |  |  |  |  |  |  |  |  |  |
| 18. | **Varilrix** |  |  |  |  |  |  |  |  |  |
| **19.** | **Varivax** |  |  |  |  |  |  |  |  |  |
| 20. | **Rotateq** |  |  |  |  |  |  |  |  |  |
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| (podpis i pieczątka imienna) |

(data sporządzenia)