

## **VACCINE PRODUCT RELATED PROBLEMS**

e: Health Centre/Clinic:		Report Date:		
Product Name	Manufacturer	Lot#	Expiry Date	# of Dose
	Duahlana	or Issue:		
	Problem	or issue:		

November 2020

Please email form to <a href="mailto:CDCIMM@albertahealthservices.ca">CDCIMM@albertahealthservices.ca</a>