

Cold Chain Exposure Form

1. Fax completed form to the Immunization Team at 613-549-0985.
2. Include temperature log with temperatures from previous two weeks.

Fridge code: _____

Practice or facility name: _____

Contact name: _____

Phone number: _____

Fax number: _____ Number of pages: _____

If you have any questions, please call the KFL&A Public Health Immunization Information Line at 613-549-1232 or 1-800-267-7875.

KFL&A Public Health Use
ASC number:
Reason code:

Cold chain exposure product list

Product name	Lot number	Number of doses	Previously red dotted	If yes, number of red dots	If yes, total number of hours previously exposed	Opened multi dose vials	KFL&A Public Health recommendation for vaccine
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable
			Yes or No			Yes or No	Viable or Unusable

KFL&A Public Health Use

Label viable products with red dot and the following:

Total time exposed: _____ Exposure temperature: _____