



Expanded Program on Immunization, Government of Pakistan

Consumption & Requisition Form



Routine Immunization

Health Facility/Store: _____ UC _____ Tehsil/Taluka: _____ District: _____ Province: _____ Date: _____ (MM/YY)

Product	Dose per Vial	Opening Balance	Received	Children Vaccinated/Doses Administered	Vials Used	Unusable Vials	Closing Balance	Max. Stock Level	Request (I = H - G)	Replenishment
		Doses/Nos.	Doses/Nos.	Doses/Nos.	Vials/Nos.	Vials/Nos.	Vials/Nos.	Vials/Nos.	Vials/Nos.	Vials/Nos.
	A	B	C	D	E	F	G	H	I	J
BCG	20									
DIL BCG										
tOPV	20									
Pentavalent	01									
Pneumococcal (PCV10)	02									
Measles	10									
DIL Measles										
TT	10									
TT	20									
HBV (Birth dose)	10									
IPV	10									
AD Syringes 0.5 ml										
AD Syringes 0.05 ml										
Recon. Syringes (2 ml)										
Recon. Syringes (5 ml)										
Safety Boxes										

Note: i. Use blank rows, if needed to add more than one batch received for one product/new products

ii. This report to be sent every month by every HF to the district by 7th of next month and by every district to the province by 10th of next month. Provinces will send this to Federal EPI by every quarter.

Prepared By _____ Medical Officer / In-charge (Signature) _____ Date: _____