

# COVID-19 Vaccine Network Job Aid

Updated as of 3/4/2021

## COVID-19 Vaccination Daily Report

### Required Use

All pharmacies participating in the Health Mart Federal COVID-19 vaccine Network are required to submit a daily reporting form. The data captured in this form will be submitted centrally to VPOP, Vtrcks, Vaccine Finder and used to meet other CDC requirements. The form may also be used to submit vaccine order requests. Completion of the form will be closely monitored. Failure to complete the required sections of the daily form can result in suspension of vaccine ordering, removal from the program and penalties from the federal government. **NOTE: As a best practice, the Daily Report should be completed at the end of each business day. Failure to do so will result in an escalation that will require interventions and additional effort on both Health Mart and the pharmacy's parts to resolve. Repeated instances of preventable escalations can result in termination from the program.**

### Background

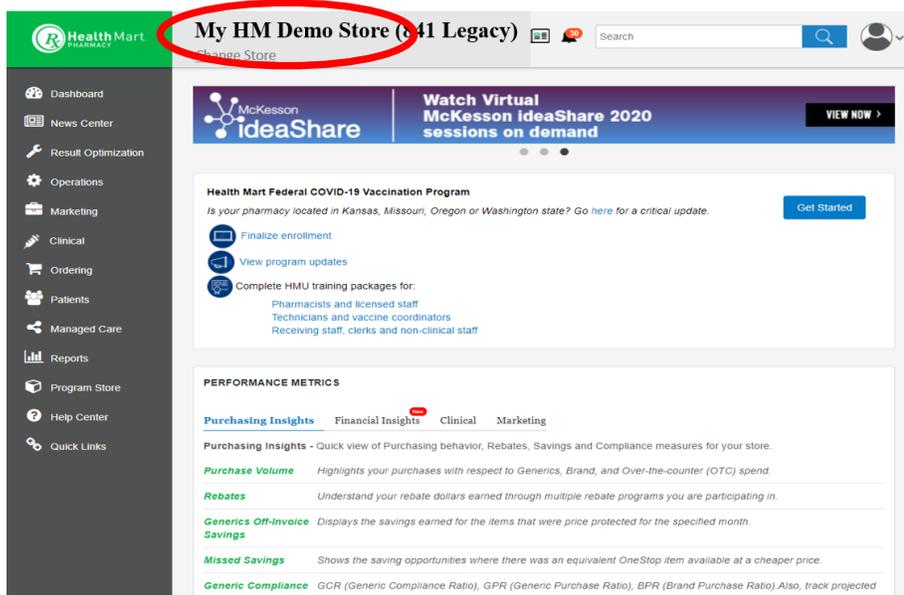
As a COVID-19 vaccine federal network partner, Health Mart will process all available vaccine product allocations centrally to ready them for shipment to approved network pharmacies at the direction of the Centers for Disease Control and Prevention ("CDC"). As the federal program launches, the CDC is strategically allocating vaccine and will expand as more product is available. To prepare, all pharmacies must place an initial order request and verify important details related to shipment, storage and administration using the COVID-19 Vaccination Daily Report found in myHealthMart.com. As soon as CDC allocations are made that match a network pharmacy, shipments will be scheduled and the pharmacy will be informed. Shipments will be sent only to eligible pharmacy locations.

### Placing an order request using the *COVID-19 Vaccination Daily Report*

All COVID-19 vaccine order requests will be submitted using question 1 of the **COVID-19 Vaccination Daily Report** as described below. Stores should plan to submit one order request each week by Thursday. Available doses will arrive in the pharmacy by the next week. On most daily reports, the ordering option can be skipped.

### Placing an order request:

1. Login to myHealthMart.com
2. Check to be sure that you have logged in to the correct store account. Use the Change Store link if necessary



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### 3. Click on the toolbox link and open the *COVID-19 Vaccination Daily Report*

#### COVID-19 Vaccination Daily Report

Please use this Daily Reporting Survey to confirm information for your pharmacy regarding the Health Mart Federal COVID-19 Vaccination Program. Required fields are marked by an asterisk (\*). Please ensure your Reporting Period Date reflects the correct date of submission.

Submitter's Name *:	Submitter's Email:	Reporting Period Date *:
<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>

Pharmacy Name *:	McKesson Account # *:	NCPDP # *:
<input type="text" value="Demo 1 myHM Atlas (605/630)"/>	<input type="text" value="444444"/>	<input type="text" value="4444444"/>
Vtrcks provider # *:	Pharmacy Address for Shipping *:	
<input type="text"/>	<input type="text"/>	
City *:	State *:	Zip *:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I confirm that the above information is correct. If a change needs to be made, please go to MyHealthMart store profile page.

### 4. Begin entering the form fields

- Submitter's Name – Name of person completing the form.
- Submitter's Email – Email address of person completing the form.
- Reporting Period Date – Select the date of the reporting period from the calendar.

Based on the login information used, the following information will auto-populate. If this information is not correct, return to step 2 to change the store login.

- Pharmacy Name
- McKesson Account #
- NCPDP #
- VTrckS Provider #
- Pharmacy Demographics (Address)

Check the box to confirm all information

### Ordering vaccine

Weekly COVID-19 vaccine order requests must be submitted by Thursday morning each week for delivery the following Wednesday or Thursday. Product allocations may differ from order requests. If you need to place an order request, follow the steps below:

**Scroll to question 1 in the form and select YES. Select NO if it is not time to submit a request**

1. I need to request additional vaccine. \*

Yes  No

**Note:** All vaccine order requests will be processed based upon the product allocation available and the direction of the federal government. When requested orders exceed government allocation direction or safe storage and administration capacity of a location, orders may be adjusted.

1.1 Please verify or edit the number of vials that your pharmacy can properly store following all CDC guidelines for storage and handling under the following conditions \*

Refrigeration [ 36° to 46°F / 2° to 8°C] \*      Frozen [-58° to 5°F / -25° to -15°C] \*      Ultrafrozen [-112° to -76°F / -80° to -60°C] \*

#       #       #

Yes, this is accurate     No, I need to update

Additional questions will appear.

**Complete questions 1.1 through 1.3 to request the vaccine allocation.**

**QUESTION 1.1:**

1.1 Please verify or edit the number of vials that your pharmacy can properly store following all CDC guidelines for storage and handling under the following conditions \*

Refrigeration [ 36° to 46°F / 2° to 8°C] \*      Frozen [-58° to 5°F / -25° to -15°C] \*      Ultrafrozen [-112° to -76°F / -80° to -60°C] \*

#       #       #

Yes, this is accurate     No, I need to update

**Please verify or edit the number of vials that your pharmacy can properly store following the CDC guidelines for storage and handling under the following conditions. Your store’s storage capacity was approved during enrollment. If your storage capacity has increased, you must submit updated documentation for approval before an order in excess of your currently approved storage capacity can be improved.**

**PLEASE NOTE: THESE FIELDS COLLECT THE NUMBER OF VIALS (NOT DOSES) THAT COULD BE STORED IN PACKAGING AND WITH ADEQUATE AIRFLOW.**

**Action:** This field will auto-populate based on information previously submitted. Edit these fields considering approved storage devices that have functioning digital data loggers. Consider all [safe storage guidance provided by the CDC](#).

**QUESTION 1.2:**

1.2 Please verify or edit the number of doses that your pharmacy staff can administer per day with properly trained staff members, following all CDC guidelines \*:

Total number of doses your staff can safely administer per day following all CDC guidelines:

#

Number of pharmacy employees properly trained to administer vaccines at your location:

#

Yes, this is accurate     No, I need to update

Please explain any changes for the number of doses your Pharmacy can administer each day (500 character limit)

Please verify or edit the number of **DOSES** that your pharmacy staff can administer per day with properly trained staff members following all CDC guidelines. Enter Yes if the information is accurate and No, if updates are needed.

**Action:** This field will auto-populate based on information previously submitted. Edit these fields and enter an average realistic number of **DOSES** your store can safely administer **IN A SINGLE DAY**. To support your estimate, indicate the number of pharmacists, pharmacy interns, pharmacy technicians (if applicable) and other eligible professionals (if applicable) who have been trained on immunization delivery that will be administering doses following all CDC guidelines based on the number of employees that will be scheduled as immunizers. As a reminder, all immunization staff must submit professional licenses, training certificates and proof of CPR training and complete all HMU training courses to participate.

**Action:** Use the box to explain any changes (+/-) made to the number of doses your pharmacy can administer. You can enter a maximum of 500 characters.

**QUESTION 1.3:**

1.3 My pharmacy requests the below doses \*

*Note: Your request may be modified based upon available allocation, capacity and other guidance from the government. It may not be possible to select specific manufacturer products, depending upon availability.*

Product	Dose Qty (Min 100; Max 9,999)	NDC #	Description
Pfizer	<input type="text" value="8500"/>	59267-1000-02	COV-19 (Pfizer); MDV5; 195-pack
Moderna	<input type="text" value="8500"/>	80777-0273-99	COV-19 (Moderna); MDV10; 10-pack
Janssen/J&J	<input type="text" value="100"/>	59676-0580-15	COV-19 (Janssen); MDV5; 20-pack

**My pharmacy requests the below doses**

**THE MINIMUM NUMBER OF MODERNA/JANSSEN (J&J) DOSES THAT CAN BE SHIPPED AT ONE TIME IS 100 DOSES. IF/WHEN PFIZER-BIONTECH VACCINE IS APPROVED FOR SHIPMENT TO NETWORK PHARMACIES, THE MINIMUM ORDER QUANTITY WILL BE 1,170 DOSES.**

**Note:** You must order the total number of doses needed for your pharmacy for the next full week assuming a full schedule based on your selected template, regardless if appointments are for dose one or dose two. Doses ordered are not dose specific and no doses should be expected to auto-ship. Your request may be modified based upon available allocation, capacity and other guidance from the government. Selection of a specific manufacturer may not be possible due to allocation and availability.

**Action:** Enter the number of **doses** requested (e.g., 100 doses). Do **NOT** enter the quantity in vials. Doing so will result in your pharmacy receiving only 10-20% of the desired number of doses.

**Note:** The CDC expects all pharmacies to administer all doses shipped within **one (1) week**. Excessive ordering or hoarding of vaccine may result in the loss of future ordering privileges.

**Pfizer-BioNTech:** 6 doses/vial

**Moderna:** 10 doses/vial

**Janssen/J&J:** 5 doses/vial

**QUESTION 1.4:**

1.4 Verify Vaccine Coordinator Information. \*

**Primary Contact:**

Name \*:  Email \*:  Phone \*:

**Secondary Contact:**

Name \*:  Email \*:  Phone \*:

Yes, this is accurate  No, I need to update

**Verify Vaccine Coordinator Information:**

**Action:** The primary and secondary vaccine coordinator information will pre-populate. Verify the information is correct. Changes may be needed due to vacations, medical leave, staff turnover, etc. If the information is correct, select “Yes, this is accurate.” If corrections are needed, select “No, I need to update.” This will allow the coordinator information to be edited.

**QUESTION 1.5:**

1.5 Verify or edit your Pharmacy Address for Vaccinations. Note any changes take 24-hours to update before an order can be processed. \*

Address  City  State  Zip

Yes, this is accurate  No, I need to update

**Verify or edit the Pharmacy Address for Vaccinations. This is the pharmacy address that all vaccines will be shipped to, immediately unpacked and properly stored in approved storage units. Note address changes for shipments take 24-hours to update before an order can be processed and will be validated before releasing vaccine.**

**Action:** The address information will pre-populate. Verify the information is correct. If the information is correct, select “Yes, this is accurate.” If corrections are needed, select “No, I need to update.” This will allow the address information to be edited. Changes take a complete 24 hours to update before an order can be placed.

**QUESTION 1.6:**

1.6 Verify or edit hours that a delivery can be received. Note that changes in the delivery hours on file will result in a 24 hour delay. \*

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
Start Time <input type="text"/>	Start Time <input type="text"/>	Start Time <input type="text"/>				
End Time <input type="text"/>	End Time <input type="text"/>	End Time <input type="text"/>				
<input checked="" type="checkbox"/> Add Lunch	<input type="checkbox"/> Add Lunch	<input type="checkbox"/> Add Lunch				
Start Time <input type="text"/>						
End Time <input type="text"/>						

Yes, this is accurate  No, I need to update

**Verify or edit hours that a delivery can be received. Note that changes in the delivery hours on file will result in a 24-hour delay.**

**Action:** The **delivery** hours for your location will pre-populate. Verify the information is correct. Your delivery hours may differ from your normal operating hours. Account for holidays or vacations that may affect the times that deliveries can be accepted. If your pharmacy closes for lunch and/or deliveries cannot be accepted at predetermined time intervals, enter the hours the pharmacy will be closed within its regular delivery hours by selecting “Add Lunch” for each affected day and entering the appropriate start and end time. If the prepopulated information is correct, select “Yes, this is accurate.” If corrections are needed, select “No, I need to update.” This will allow the delivery information to be edited.

**QUESTION 2: (ALL answers should be reflected as DOSES, not vials)**

2. Please complete the following fields to **track individual doses (not vials)** of each vaccine product. \*

**Dose 1:** All doses that were administered to patients as the first of a series of one or more recommended injections or the only dose of a recommended schedule within the past 24 hours.

**Dose 2:** All doses that were administered to patients as a scheduled follow-up dose in a recommended series within the past 24 hours.

**Note:** All transfers must be preapproved by the Health Mart administrator

Product	Unused Doses on hand at start of day ⓘ	Doses received from shipment ⓘ	Doses that were transferred <u>into</u> your pharmacy from another provider ⓘ	Doses that were transferred <u>out of</u> your pharmacy to another provider ⓘ	Doses administered to patients for the date of this report ⓘ	
	Doses	Doses	Doses	Doses	Dose 1	Dose 2
Pfizer	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>
Moderna	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="5000"/>
Janssen/J&J	<input type="text" value="500"/>	<input type="text" value="500"/>	<input type="text" value="500"/>	<input type="text" value="500"/>	<input type="text" value="500"/>	

**Please complete the following fields to track individual doses (NOT vials) of each vaccine product. \***

**Unused Doses on Hand at Start of Day**

**Action:** Enter the number of in-date (unexpired) **doses** that have been maintained under the recommended storage condition and are available for administration to patients

**Doses Received from Shipment**

**Action:** Enter the number of **doses** that were received in an order regardless of the status of cold-chain monitoring results during shipping. You will have the opportunity to report damaged doses to account for any unusable vials received.

**Doses That Were Transferred into Your Pharmacy From Another Pharmacy**

**Action:** Enter the number of doses that were approved and transferred in from another qualified state or federal partner at the direction of my program administrator.

**Note:** All transfers must be pre-approved by the program administrator. Please contact the program administrators using the contact link in myHealthMart toolbox for guidance.

### Doses That Were Transferred Out of Your Pharmacy to Another Pharmacy

**Action:** Enter the number of doses that were transferred to another qualified state or federal partner at the direction of my program administrator.

**Note:** All transfers must be pre-approved by the program administrator. Please contact the program administrators using the contact link in myHealthMart toolbox for guidance.

### Doses Administered to Patients for the Date of This Report

**Action:** Enter total **doses** in arms for the date this report is being completed as selected above in the Reporting Period Date. Please ensure the total number of doses matches the amount reported to the state immunization system, vaccine registry, and the federal data clearinghouse report.

**Dose 1:** All **doses** that were administered to patients as the first of a series of one or more recommended injections or the only dose of a recommended schedule within the past 24 hours.

**Dose 2:** All **doses** that were administered to patients as a scheduled follow-up dose in a recommended series within the past 24 hours.

Product	Doses successfully reported to state/ federal patient reporting centers within the past 24 hours ⓘ <b>Doses</b>	Spoiled Doses ⓘ <b>Doses</b>	Expired doses ⓘ <b>Doses</b>	Wasted doses ⓘ <b>Doses</b>	Unused doses available at the end of day ⓘ <b>Doses</b>
Pfizer	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5000"/>
Moderna	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5000"/>
Janssen/J&J	<input type="text" value="5000"/>	<input type="text" value="5000"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

2.1 Please select the reason for any Wasted dose:  ▾

### Doses successfully reported to state/ federal patient reporting centers within the past 24 hours

**Action:** Enter the number of **doses** that were successfully reported to the state immunization information system (IIS)/ vaccine registry and the federal data clearinghouse report. Do not include doses that were administered but have not been submitted. It is your responsibility to report to your local IIS within 24 hours.

### Spoiled Doses

**Action:** Enter the number of **doses** that are unusable due to a temperature excursion that at any time exceeded manufacturer recommendations.

### Expired Doses

**Action:** Enter the number of **doses** that have exceeded the expiration date provided by the manufacturer. Do not include doses that are unusable due to the Beyond Use Date (BUD).

### Wasted Doses

**Action:** Enter the number of **doses** that have exceeded the beyond use date (BUD) of the product before they could be administered to a patient. This includes vaccines whose expiration date was shortened due to thawing from a frozen state, opening a multi-dose vial, reconstitution or being drawn into a syringe. Wasted doses could also include vaccines that were reconstituted using the wrong diluent or with a diluent that was expired.

### Unused Doses Available at the end of the day.

**Action:** Enter the number of in-date **doses** that have been maintained under the recommended storage conditions and are available for administration to patients.

### QUESTION 2.1: (Only appears If a quantity of 1 or greater is entered in wasted doses.)

Product	Doses successfully reported to state/ federal patient reporting centers within the past 24 hours ⓘ  Doses	Spoiled Doses ⓘ  Doses	Expired doses ⓘ  Doses	Wasted doses ⓘ  Doses	Unused doses available at the end of day ⓘ  Doses
Pfizer	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Moderna	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>

2.1 Please select the reason for any Wasted dose:  Please provide details (500 character limit)

3. Doses successfully reported to state/ federal patient reporting centers will be reported to the proper state health department. It is expected that all doses that have been administered will be reported to the proper state health department by the reporting administrators.

Select checkbox if any of the doses above were spoiled, expired, or wasted.

4. Enter, verify or edit hours that a pharmacy is open to provide immunizations.

Other

Broken vial or syringe

Lost or unaccounted for vaccine

Non vaccine product (Eg, IG, HBIG, Dil)

Open vial but all doses not administered

Vaccine drawn into syringe but not administered

Other

### Please select the reason for any Wasted dose:

**Action:** Select the appropriate reason for the wasted dose. If multiple reasons exist, use the free text box to provide additional information.

### QUESTION 3:

3. Doses successfully reported to state/ federal patient reporting centers within the past 24 hours. It is expected that all doses that have been administered will be reported to the proper state and/or federal systems within 24 hours. \*

Select checkbox if any of the doses above were **not reported within 24 hours** to alert the program administrators

**Doses successfully reported to state/ federal patient reporting centers within the past 24 hours. It is expected that all doses that have been administered will be reported to the proper state and/or federal systems within 24 hours. \***

**Action:** Select the checkbox if any of the doses above were **not reported within 24 hours** to alert the program administrators. If all doses were submitted with 24 hours, skip this question.

#### QUESTION 4:

4. Select the single template that most closely matches the ability of your team for patient scheduling. \*

**Note:** Please note all changes require a minimum 3-5 business days advance notice.

M-F:10AM-4PM (appointments per hour: 4)

M-F:10AM-4PM (appointments per hour: 4)

M-F:10AM-4PM (appointments per hour: 6)

M-F:10AM-4PM, Sat 10AM-1PM (appointments per hour: 6)

M-F:10AM-4PM (appointments per hour: 12)

M-F:10AM-4PM, Sat 10AM-1PM (appointments per hour: 12)

M-F:12PM-4PM (appointments per hour: 6)

M-F:12PM-4PM (appointments per hour: 12)

M-F:10AM-6PM (appointments per hour: 4)

M-F:10AM-6PM, Sat 10AM-1PM (appointments per hour: 4)

**View or select your patient appointment schedule template in the daily report.**

The required patient scheduling and documentation tool uses standard appointment templates to allow stable availability of appointments for first and second doses. If your store has already selected a standardized template, it will be reflected in the daily report for your reference. If you have not selected a standard template, you may now make that choice before your first doses are shipped. Template customization is **not available**. All templates with 4 or more hours will include a lunch break from 12-1 p.m. This schedule will appear in the Healthmartcovidvaccine.com website and once you have available vaccine inventory, it will also appear in the COVID Vaccinefinder.org information.

**Note:** The drop-down menu will be greyed out once a store has made their initial schedule template selection. The selected template will appear in the greyed out display for verification purposes.

#### Initial Schedule Template Selection

**Action:** Enter the template that most closely reflects the hours that your pharmacy is available to provide immunizations to the public. Information for your location will pre-populate based on previously selected templates. Be conservative when selecting a template. Allow your team time to manage the extra reporting and documentation requirements. Choose an option that allows you to manage expected throughout and reduces the risk of spoiled doses. Consider starting with the schedule template of M-F: 10 a.m.- 4 p.m. (4 appointments per hour).

## Schedule Template Selection Changes

For stores that have already selected a template, changes are possible, however, they must be requested by completing this [form](#). Template changes are not immediate and require approval. Changes could impact scheduled second dose appointments and should be made sparingly to avoid patient confusion and extra work for your pharmacy staff. After your form is submitted, a specialist will contact you to review your request within 3-5 business days.

### QUESTION 5:

5. Did your pharmacy receive a shipment or transfer today? \*

Yes  No

### Did your pharmacy receive a shipment or transfer today? \*

- If no, proceed to Question #6
- If yes, new questions will generate. Please complete questions 5.1 through 5.5 to request additional vaccine.

### QUESTION 5.1: (Only appears if “YES” was selected on Question 5)

5.1 Date shipment arrived \*:  

### Date shipment arrived \*:

**Action:** Enter the date the shipment arrived in the following format: MM/DD/YYYY.

### QUESTION 5.2: (Only appears if “YES” was selected on Question 5)

5.2 First and Last Name of individual who received the shipment, unpacked and stored the product \*:

### First and Last Name of individual who received the shipment, unpacked and stored the product \*:

**Action:** Enter the full first and last name of the person received, unpacked, and stored the product.

### QUESTION 5.3: (Only appears if “YES” was selected on Question 5)

5.3 Were any of the vaccine vials damaged upon receipt? \*

**Note:** Any delivery issues that occurred during shipment must be immediately reported following the instructions on the flyer included in the shipment. If you did not receive a shipment flyer, please contact [HealthMartOperations@McKesson.com](mailto:HealthMartOperations@McKesson.com).

Yes  No

### Were any of the vaccine vials damaged upon receipt \*?

**Action:** Select Yes or No

**Note:** Any delivery issues that occurred during shipment must be immediately reported following the instructions on the flyer included in the shipment. For all issues requiring contact with the awardee,

contact your Health Mart program administrator by calling 800-487-9484. Any vaccine vials that were **damaged upon receipt** are required to be reported to your Health Mart Administrator within 24-hours.

**QUESTION 5.4: (Only appears if “YES” was selected on Question 5)**

5.4 Was the package immediately opened?\*

Yes  No

**Was the package opened immediately ?\***

**Action:** Select Yes or No.

**QUESTION 5.5: (Only appears if “YES” was selected on Question 5)**

5.5 Was the cold chain monitoring system functioning as expected when the package was opened \*\*?

Yes  No

**Was the cold chain monitoring system functioning as expected when the package was opened \*\*?**

**Action:** Select Yes or No. If “No”, immediately perform the following:

- Store the vaccine at proper temperatures and label **DO NOT USE!**
- Follow the instructions listed on the flyer include with the shipment.
- Document the actions taken with records to be maintained for 3 years.

**DAILY ATTESTATIONS/AFFIRMATIONS**

**Note: The following affirmations are program requirements. Failure to comply may result in disqualification from participation in the COVID-19 Vaccine Network program and other penalties.**

**QUESTION 6:**

6. I affirm that my pharmacy uses the below information to record vaccine administration data in the pharmacy management system as soon as practicable and not later than 24 hours after dose administration. I further affirm that pharmacy uses best efforts to report vaccine administration data to the relevant public health authority that accepts data as soon as practicable and no later than 72 hours after administration. \*

**NOTE:** Pharmacy Management Systems may use a software vendor to submit IIS information to your state and local public health department. If your system reports IIS information, please confirm which vendor they use.

Software/Manual Type:  Software/Manual Details:

**I affirm that my pharmacy uses the below information to record vaccine administration data in the pharmacy management system as soon as practicable and not later than 24 hours after dose administration. I further affirm that pharmacy uses best efforts to report vaccine administration data to the relevant public health authority that accepts data as soon as practicable and no later than 72 hours after administration. \***

**NOTE:** Pharmacy Management Systems may use a software vendor to submit IIS information to your state and local public health department. If your system reports IIS information, please confirm which vendor they use.

**Software/Manual Type:**

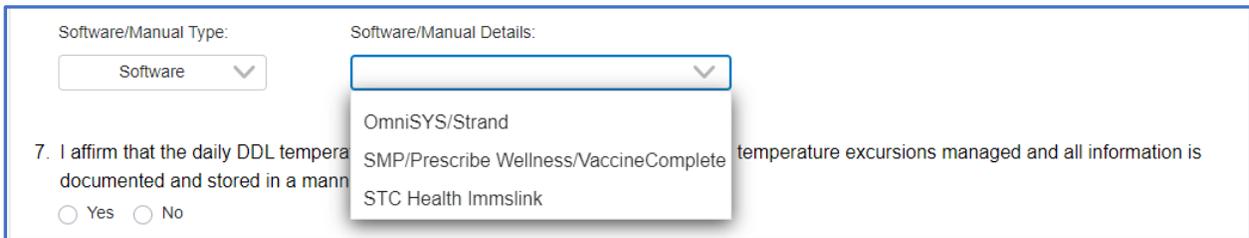


The screenshot shows a form with two dropdown menus. The first is labeled "Software/Manual Type:" and has "Software" selected. The second is labeled "Software/Manual Details:" and is empty. A dropdown menu is open for the first field, showing "Software" and "Manual/Other". Below the form, a question is partially visible: "7. I affirm that the daily DDL temperature log min/max results have been recorded, temperature excursions managed and all information is documented and stored in a manner that can be easily retrieved for 3 years. \*"

**Action:** Select the method used for recording vaccine administration and reporting from the drop down menu.

**Software/Manual Details:**

**If “Software” was selected:**

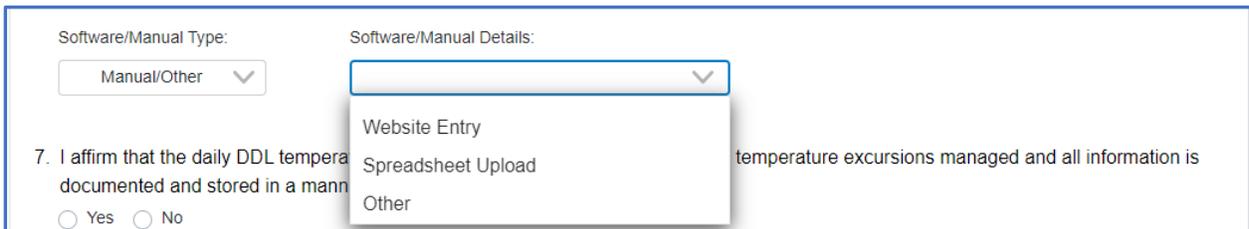


The screenshot shows the same form as above, but the "Software/Manual Type:" dropdown is now set to "Software". The "Software/Manual Details:" dropdown is open, showing three options: "OmniSYS/Strand", "SMP/Prescribe Wellness/VaccineComplete", and "STC Health Immslink". The question "7. I affirm that the daily DDL temperature log min/max results have been recorded, temperature excursions managed and all information is documented and stored in a manner that can be easily retrieved for 3 years. \*" is visible with "Yes" and "No" radio buttons.

**Action:** If software is used, select the software system used for recording vaccine administration and reporting from the drop down menu. If your software is not listed in the software drop down menu, return to the Software/Manual Type field and select “Manual”. You will be asked to provide more information on the following question.

**Note:** Information entered will be retained but may be updated should your pharmacy system change or in the case of a system issue that prevents your normal mode of transmission.

**If “Manual” was selected:**



The screenshot shows the form with "Software/Manual Type:" set to "Manual/Other". The "Software/Manual Details:" dropdown is open, showing three options: "Website Entry", "Spreadsheet Upload", and "Other". The question "7. I affirm that the daily DDL temperature log min/max results have been recorded, temperature excursions managed and all information is documented and stored in a manner that can be easily retrieved for 3 years. \*" is visible with "Yes" and "No" radio buttons.

**Action:** If a manual method is used or if your software was not listed in the software drop down menu, select the appropriate manual method used for recording vaccine administration and reporting from the drop down menu. If none of these are applicable, select “Other” and enter your reporting software system /manual details (i.e. via HL7, batch upload, etc.) in the resulting box.

### QUESTION 7:

7. I affirm that the daily DDL temperature log min/max results have been recorded, temperature excursions managed and all information is documented and stored in a manner that can be easily retrieved for 3 years. \*

Yes  No

**I affirm that the daily DDL temperature log min/max results have been recorded, temperature excursions managed, and all information is documented and stored in a manner that can be easily retrieved for 3 years. \***

**Action:** Select Yes or No. If "No", Report and take corrective action immediately to prevent a future reoccurrence. Review applicable SOP's and trainings with staff and develop and implement a plan of action. Document corrective action taken. Non-compliance must be *reported to your Health Mart Administrator within 24-hours. Use the contact form in myHealthMart or call 800-487-9484.* Review applicable SOP's and trainings with staff and develop and implement a plan of action. Document corrective action taken. ***Failure to do so may result in disqualification from participation in the COVID-19 Vaccine Network program up to and including federal persecution punishable by felony conviction.*** "

### QUESTION 8:

8. I affirm that all patients who have received doses received the EUA, Vaccine reminder card, and VSAFE vaccine reporting app information. \*

Yes  No

**I affirm that all patients who have received doses received the EUA, Vaccine reminder card, and VSAFE vaccine reporting app information. \***

**Action:** Select Yes or No. If "No", Report and take corrective action immediately to prevent a future reoccurrence. Review applicable SOP's and trainings with staff and develop and implement a plan of action. Document corrective action taken. Non-compliance must be *reported to your Health Mart Administrator within 24-hours. Please call 800-487-9484.* Review applicable SOP's and trainings with staff and develop and implement a plan of action. Document corrective action taken. ***Failure to do so may result in disqualification from participation in the COVID-19 Vaccine Network program up to and including federal persecution punishable by felony conviction.*** "

### QUESTION 9:

9. I affirm that all adverse events that the pharmacy has been made aware of and require mandatory reporting have been submitted to VAERS and copies of reports have been retained in a manner that can be easily retrieved for 3 years. \*

Yes  No

**I affirm that all adverse events that the pharmacy has been made aware of and require mandatory reporting have been submitted to VAERS and copies of reports have been retained in a manner that can be easily retrieved for 3 years. \***

**Action:** Select Yes or No. If "No", Report and take corrective action immediately to prevent a future reoccurrence. Review applicable SOP's and trainings with staff and develop and implement a plan of action. Document corrective action taken. Non-compliance must be *reported to your Health Mart Administrator within 24-hours. Please call 800-487-9484.* Review applicable SOP's and trainings with staff and develop and implement a plan of action. Document

corrective action taken. ***Failure to do so may result in disqualification from participation in the COVID-19 Vaccine Network program up to and including federal persecution punishable by felony conviction.*** "

#### SUBMISSION VALIDATION

Your First and Last Name ([YourEmail@Address.com](#)) agrees that all of the above information is correct.

Your First and Last Name ([YourEmail@Address.com](#)) agrees that all of the above information is correct.

**Action:** If all of the above information is correct, check the box and hit the blue submit box.