## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______


## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______


## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 9 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______


## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 9 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 9 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______

## Pfizer 5-11 Pediatric Box Label

**ULT Freezer** -60°C (-76°F) up to 12 months.
**Refrigerator** 2°C to 8°C (36°F to 46°F) up to 10 weeks.
Email **tempcheck@phila.gov** for help.

NAME ______ TODAY DATE __/__/__
EXP DATE __/__/__ LOT# ______

**USE BY**

**DATE** __/__/__ **TIME** ______