

Vaccine Return Form – Physician/Pharmacists’ Offices

Return date: _____

A. Instructions

1. **IMMEDIATELY contact the above office** if this return is due to a Cold Chain Incident.
2. **Complete this form and include a copy with the returned publicly-funded vaccines & Keep a copy.**
3. **ASAP:**
 - a. Return vaccines to where you normally pick-up as purchasing-credits may be available.
 - b. **NEVER THROW THEM OUT!**

B. Practice Information

Name: _____	Phone#: _____
Address: _____	Fax#: _____

C. Vaccines & Other Biologicals Returned

Return (Reason) Codes: (for use in the table below)

A CCI-Power Outage	B CCI-Eqpt Failure	C CCI-Handling Error	E Expired
F Surplus/re-distribution	H Product Recall	I Annual Flu Harvest	

Vaccine/ Biological Product	Expiry Date	Return Code	# Doses
Infanrix Hexa 6			
Infanrix 5			
Haemophilus B Conjugate (Act Hib)			
Hep A - pediatric (Avaxim)			
Hep A – adult (Havrix)			
Hep B – pediatric (Recombivax 0.5ml)			
Hep B – adult (Engerix B 20ml)			
Hep B – dialysis (Recombivax Dialysis)			
Influenza – (product type)			
Influenza – (product type)			
Influenza – (product type)			
Influenza – (product type)			
Influenza – (product type)			
Measles Mumps Rubella (MMR II and/or Priorix)			
Men-C Conjugate (Neisvac-C)			
Pneumococcal Conjugate (Prenar13)			
Pneumococcal Polysaccharide (Pneumovax23)			
Td Adsorbed (Sound)			
Tdap (Boostrix)			
Tdap-IPV (Boostrix-IPV)			
Varicella – (Varilrix and/or Varivax III)			
Other:			