Expired/Damaged Vaccine Return Request Form

Nonviable Vaccine Must be Returned Within 6 Months After Expiration of Product

Date: __________ Site Name: __________________________ PIN: __ __ __ __ Phone: (___) ________

Contact: _______________ Hours Open: _______________ Fax: (___) _____________

Is your site serviced by UPS on a scheduled basis?
_______ Yes (A return label(s) will be e-mailed to the Vaccine Coordinator’s e-mail address)
_______ No (McKesson will schedule a pickup and the UPS driver will arrive with a shipping label
and affix to the box(s).

Number of shipping boxes_____

Follow these procedures:
1. Return only State supplied vaccine. You are responsible for privately purchased vaccine.
2. Record all information in the table below.
3. Fax form to 617-983-6924 for return authorization and arrangements for pick up.
4. Once return authorization is approved, pack expired/damaged vaccine and an approved copy of this form into container.
5. Do not return open multi-dose vials. Please dispose of with your medical waste.

6. MDPH WILL ARRANGE FOR PICK-UP OF EXPIRED/DAMAGED VACCINE.
PROVIDERS SHOULD NOT CALL U.P.S./FEDEX OR MCKESSON.

<table>
<thead>
<tr>
<th>NDC Number*</th>
<th>Vaccine</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>Exp. Date</th>
<th>No. Doses</th>
<th>Reason**</th>
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* NDC number is the National Drug Code which can be found on each vial of vaccine

**Return reason codes:
1. expired
2. natural disaster/power outage
3. refrigerator/freezer too warm
4. refrigerator too cold
5. failure to store properly upon receipt
6. vaccine spoiled in transit
7. mechanical failure
8. spoiled
9. other
10. Recall

Return Authorization Status (MDPH use only):
Approved by: _______________ Date ____________________

Vac_Manage_Vaccinereturn_MDPH4_2015