



IMMUNIZATION PROGRAM
VACCINE RETURN FORM

DATE:
PIN #:
PROVIDER NAME:
RETURNED BY:
TELEPHONE:
E-MAIL:

Table with 11 columns: VACCINE, MANUFACTURER, DOSES RETURNED, NDC #, LOT NUMBER, Expired, EXPIRATION DATE, WASTED, SPOILED, VIABLE

DO NOT SEND VACCINE DIRECTLY TO THE IMMUNIZATION PROGRAM

Wait for a shipping label to be sent from McKesson

EXPLAIN WHY EXPIRED, SPOILED, WASTED OR OTHER:

CORRECTIVE ACTION:

- 1) Please fax form to the Immunization Program at 302-739-2555
2) Please send form back with packaged vaccine.

The return label does not come from the VFC program email. The return label will come from the following email address, UPS Quantum View (PKGinfo@ups.com). Please make sure that the email address will not be blocked by your email spam filters.