

**NH IMMUNIZATION PROGRAM
NON-VIABLE VACCINE RETURN FORM**

PROVIDER: _____
 CONTACT: _____
 ADDRESS: _____

PIN# _____
 PHONE: _____
 FAX: _____
 DATE: _____

All non-viable vaccine (expired/spoiled) must be returned to the McKesson facility in Memphis*.
 You may return wasted vaccine in the McKesson shipping containers.
 (*Exception: DT Pediatric and HBIG (provided to hospital pharmacies). These should be returned to The
 NH Immunization Program)

DIRECTIONS

- This form must be filled out in its entirety when returning vaccine.
- Be sure to make a copy for your records.
- Fax this form to NHIP @ 603-271-4932 prior to returning box to McKesson.
- Place original blue form in box being returned to McKesson.

Please check off the reason for the return:

- SPOILAGE- NO NEGLIGENCE (Natural Disaster/Power Outage)
- SPOILAGE-NEGLIGENCE (Left out of refrigeration/prepared too many doses etc.)
- EXPIRATION
- DAMAGE DURING TRANSIT
- FAILURE TO STORE PROPERLY UPON RECEIPT
- MECHANICAL FAILURE
- OUT OF RANGE TEMPERATURES
- OTHER

Please give a brief explanation for return;

Vaccine	NDC #	Doses	Lot #	MFG	EXP

IT IS IMPERATIVE THAT THIS FORM BE FAXED TO 603-271-4932- before returning to McKesson