

Vaccine Wastage and Return Form

1. Complete this form for reporting all Vaccines for Children (VFC) program funded vaccine wastage.
2. For **acceptable*** non-viable vaccine (reasons 1-8 below), place a check mark in the "Return to McKesson" column in addition to filling out the form in its entirety. All **acceptable*** non-viable vaccine must be returned to McKesson. Place the **acceptable*** non-viable vaccine in a box.
3. If the vaccine is not acceptable, then it is not able to be returned to McKesson and is wastage (reasons 9-13 below). This form must still be completed, but do not place a check mark in the "Return to McKesson" column.
4. **Fax or mail this completed form to the VFC program.** (Information below)
5. Upon receipt of this form, the VFC program will create a Vaccine Return Identification (ID) Statement and request a pre-paid return label from McKesson. A copy of the Vaccine Return ID Statement will be faxed to you and will need to be included in the box of **acceptable*** non-viable vaccine.
6. McKesson will mail a return label within two weeks. After receiving the McKesson return label, affix it to the box containing the acceptable* non-viable vaccine. If UPS delivers other items to the facility, send the box with the pre-paid label at that time. The box can also be dropped off at a UPS facility with no charges. If UPS does not deliver routinely to the facility, or there is no drop-off facility, call the VFC program to coordinate a pick-up service. **Please do not contact McKesson regarding vaccine returns.**

**Returns should include only spoiled or expired vaccines in their original vials or pre-filled syringes. Do not return filled, unused syringes; used syringes with or without needles attached; broken vials; or any multi-dose vial from which some doses have already been withdrawn.*

DO NOT MAIL VACCINE TO THE MISSOURI VACCINES FOR CHILDREN PROGRAM

PIN		Provider/Clinic Name					
Provider/Clinic Address							
VFC Contact			Phone			FAX	
NON-VIABLE VACCINE (BRAND NAME)	# OF DOSES	MANUFACTURER	NDC NUMBER (LOCATED ON BOX)	LOT NUMBER	EXP DATE	REASON CODE**	RETURN TO MCKESSON*
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

****Use one of the following reasons in the "Reason Code" column for each of the non-viable vaccines:**

***ACCEPTABLE RETURNS:**

1. Expired vaccine
2. Natural disaster/power failure
3. Failure to store vaccine properly upon receipt
4. Refrigerator temperature too cold
5. Refrigerator/freezer temperature too warm
6. Vaccine spoiled in transit (freeze/warm monitor activated)
7. Mechanical/Unit failure
8. Recall

WASTAGE: (DO NOT RETURN TO MCKESSON)

9. Broken vial/syringe
10. Lost or unaccounted for vaccine
11. Open vial but not all doses administered
12. Vial drawn into syringe but not administered
13. Other (specify): _____

Form Completed by: _____

Date: _____

