



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF IMMUNIZATIONS  
VACCINES FOR CHILDREN PROGRAM  
**VACCINE WASTAGE AND RETURN FORM**

930 Wildwood Drive  
Jefferson City, MO 65109  
800.219.3224 • FAX: 573.526.5220

**INSTRUCTIONS:**

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), mark the "Yes" checkbox 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 package.
3. If the vaccine is not acceptable, then it is not able to be returned to McKesson and is considered wastage (reasons 9-13 below). This form must still be completed, mark the "No" checkbox in the "Return to McKesson" column. Discard the not acceptable vaccine.
4. **Fax the completed form to 573.526.5220 or email to VFC@health.mo.gov.**
5. Upon receipt of this form, the VFC program will create a Vaccine Return Identification (ID) Statement and a pre-paid return label request will be sent to McKesson. A copy of the Vaccine Return ID Statement will be faxed or emailed to the VFC Primary contact and will need to be included in the package of **acceptable\*** non-viable vaccine.
6. A return label will be sent from McKesson via email within 24 hours or via mail within two weeks. After receiving the McKesson return label, affix it to the package containing the **acceptable\*** non-viable vaccine. If UPS delivers routinely to the facility, leave the package with the pre-paid label for UPS to pick up or drop off the package at a UPS facility at no charge. 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syringes with or without needles attached; broken vials; or any multi-dose vial from which some doses have already been withdrawn.**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 VFC PROGRAM.**

CLINIC NAME				VFC PIN			
CLINIC ADDRESS				CITY		STATE	ZIP CODE
VFC CONTACT		PHONE		FAX			
NON-VIABLE VACCINE (BRAND NAME)	NO. OF DOSES	MANUFACTURER	NDC NUMBER (LOCATED ON BOX)	LOT NUMBER	EXPIRATION DATE	REASON CODE**	RETURN TO MCKESSON
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

**\*\*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. Vaccine drawn into syringe but not administered
13. Other (specify): \_\_\_\_\_

FORM COMPLETED BY

DATE