



MARYLAND VACCINES FOR CHILDREN PROGRAM

Vaccine Return and Wastage Form

VFC PIN: _____ PRACTICE NAME: _____

PHONE: _____ FAX: _____

COMPLETED BY: _____ DATE: _____

EMAIL: _____

Instructions for Completion:

1. **Immediately remove any wasted or expired/spoiled vaccine from the refrigerator or freezer.**
2. Complete this form and fax a copy to the VFC Program at (410) 333-5893.
3. **Vaccine loss requires a manufacture report regarding the viability of the vaccine.**
4. Upon receipt, VFC will email a confirmation and the Vaccine Transaction Receipt to be enclosed in the package with the vaccine being returned. DO NOT attempt to return wasted vaccine (opened and unused multi-dose vials, broken vials/syringe, etc.). Wasted vaccine should be disposed of according to facility protocol.
5. Upon receipt of the shipping label(s) from McKesson, via email, attach label to the container and give to UPS. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed".

EXPIRED / SPOILED VACCINE ONLY: Vaccine in which the date listed on the vaccine container has elapsed. Vaccine that is no longer viable due to lack of proper storage

| Vaccine | Manufacturer | NDC number | Number of Doses | Expiration Date |
|---------------------------|--------------|------------|-----------------|-----------------|
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| Reason for return: | | | | |

WASTAGE ONLY: Broken vial/syringe; Vaccine drawn up into syringe but not administered; Lost or unaccounted for vaccine; Non-vaccine product (e.g., diluent); Partially used multi-dose vial

| Vaccine | Manufacturer | NDC number | Number of Doses | Expiration Date |
|----------------------------|--------------|------------|-----------------|-----------------|
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| Reason for wastage: | | | | |

By signing below, you agree that you have disposed of the wasted vaccine listed above according to your facility's protocol.

Name (Signed) _____ Name (Printed) _____ Date _____

If you have any questions, please call the VFC Contact Center for your jurisdiction.