

VACCINE RETURN FORM

Facility: _____

Phone #: _____

Date: _____

Vaccine	Lot #	Expiration Date	# of Doses	Reason for Return (*See codes below)

EX = Expired

DI = Discontinued Product

CC = Exposed to temperatures outside of +2°C to +8°C

DP = Damaged Product

Reasons:

FC = Facility Closure

Emergency/Natural disaster

RP = Recalled Product

Human Error

Malfunction: Refrigerator/Freezer/Equipment

SV = Suspected Vaccine Contamination

Power Outage

Temperature Breached in Transit

DE = Defective Product