## Idaho Immunization Program (IIP)

## **McKesson Vaccine Return Form**

IIP USE ONLY VTrckS No: Return ID-Expired: Return ID-Spoiled:

For all non-viable vaccine supplied by the IIP to be returned to McKesson Distribution for federal excise tax credit. Vaccine lost due to expiration or improper storage and handling must be reported to the IIP within four weeks of expiration or loss. The Temperature Incident Report must also be completed for all incidents of improper storage and handling that result in vaccine loss. For non-viable, non-returnable vaccine (e.g. open multi-dose vial) complete the Wasted Vaccine Form.

Date: VFC PIN: Office Name: Phone: (208) Fax: (208)  A copy of this form must be included with the vaccines returned to McKesson.						
Vaccine Type	# Doses	Lot #	NDC#	Manufacturer	Expiration	Reason
**					Date	Returned*
<ol> <li>Expired V</li> <li>Refrigera</li> <li>Refrigera</li> </ol>	/accine tor / Freezer tor / Freezer	too warm	6. Natura 7. Other	anical Failure al Disaster / Power		

Phone: (208) 334-5931 or (800) 554-2922

Signature of Preparer:

Fax: (208) 334-4914 Email: IIP@dhw.idaho.gov

Return the completed form to the Idaho Immunization Program to receive a return shipment label.



Date:

## Idaho Immunization Program (IIP)

VFC PIN: Office Name:

## **McKesson Vaccine Return Form**

Use to record additional non-viable vaccines if needed.										
Vaccine Type	# Doses	Lot #	NDC#	Manufacturer	Expiration Date	Reason Returned*				
						<u> </u>				
*Use one of the following reasons in the Reason Wasted column for each of the non-viable vaccines:										
<ol> <li>Expired Vaccine</li> <li>Refrigerator / Freezer too warm</li> <li>Mechanical Failure</li> <li>Natural Disaster / Power Outage</li> </ol>										



3. Refrigerator / Freezer too cold

4. Failure to Store Vaccine Properly upon Receipt

Phone: (208) 334-5931 or (800) 554-2922

7. Other – Specify

8. Recall

Fax: (208) 334-4914 Email: <a href="mailto:IIP@dhw.idaho.gov">IIP@dhw.idaho.gov</a>

