



Transaction # \_\_\_\_\_

# of labels: \_\_\_\_\_

Standard mail  Pick-up  Email

**EXPIRED / SPOILED/WASTED VACCINE REPORT**

VFC Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Street City Zip

Clinic Contact \_\_\_\_\_ Email address \_\_\_\_\_ VFC Pin Number: \_\_\_\_\_

Name of VFC Staff Member Contacted: \_\_\_\_\_ Provider Fax Number: \_\_\_\_\_

If your office has expired VFC vaccine or spoiled VFC vaccine, notify the VFC Program (PPOC) by phone 1-866-674-4807. If your office uses VTrckS to order your vaccines, please go to [http://www.adph.org/Immunization/assets/VTrckS Vaccine Returns.pdf](http://www.adph.org/Immunization/assets/VTrckS_Vaccine>Returns.pdf) to complete return through VTrckS. The PPOC will arrange for FedEx or UPS to pick up the vaccine. The spoiled and wastage report should be faxed or mailed to the PPOC and a copy placed in the box containing the nonviable vaccine.

It is vital that you send a copy of this form to McKesson with the expired/spoiled vaccine and send a copy to the VFC Program. You may fax this form to the VFC Program at 1-800-706-8507 or 334-206-2029.

**Return Reason Codes:**

- 1. Expired
- 2. Natural Disaster/power outage
- 3. Refrigerator temperature too warm
- 4. Refrigerator temperature too cold
- 5. Failure to store properly upon receipt
- 6. Vaccine spoiled in transit
- 7. Mechanical Failure
- 8. Spoiled;
- 9. Other

Return Code	NDC	Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses

**What happened to the vaccine?**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How will this be prevented next time?**

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