Massachusetts Department of Public Health (MDPH)
Vaccine Management Unit
Phone: 617-983-6828 Fax: 617-983-6924

Expired/Damaged Vaccine Return Request Form

Nonviable Vaccine Must be Returned Within 6 Months After Expiration of Product

Date:_____Site Name:_____PIN: Phone: (___)_____

Contact:_____Hours Open:_____Fax: (___) _____

Is your site serviced by UPS on a scheduled basis?
_____ Yes (A return label(s) will be e-mailed to the Vaccine Coordinator's e-mail address)
_____ No (McKesson will schedule a pickup and the UPS driver will arrive with a shipping label and affix to the box(s).
Number of shipping boxes_____
Follow these procedures:

1. Return only state supplied vaccine. You are responsible for privately purchased vaccine.
2. Record all information in the table below.
3. Fax form to 617-983-6924 for return authorization and arrangements for pick up.
4. Once return authorization is approved, pack expired/damaged vaccine and an approved copy of this form into container.
5. Do not return open multi-dose vials. Please dispose of your medical waste.
6. **MDPH WILL ARRANGE FOR PICK-UP OF EXPIRED/DAMAGED VACCINE. PROVIDERS SHOULD NOT CALL U.P.S./FEDEX OR MCKESSON.**

NDC Number*	Vaccine	Manufacturer	Lot Number	Exp. Date	No. Doses	Reason**

***NDC number is the National Drug Code which can be found on each vial of vaccine**

**Return reason codes:

1. expired
2. natural disaster/power outage
3. refrigerator/freezer too warm
4. refrigerator too cold
5. failure to store properly upon receipt
6. vaccine spoiled in transit
7. mechanical failure
8. spoiled
9. other_____
10. Recall

Return Authorization Status (MDPH use only):
Approved by:_____Date _____