

**Non-Reusable Influenza Vaccine
Return Form
(Spoiled or Expired Vaccine)**

Sault Ste. Marie – □ 294 Willow Avenue, ON P6B 0A9 Tel: 705-942-4646 Fax: 705-541-5959	Blind River – □ 9B Lawton Street, ON P0R 1B0 Tel: 705-356-2551 Fax: 705-356-2494	Elliot Lake – □ 302-31 Nova Scotia Walk, ON P5A 1Y9 Tel: 705-848-2314 Fax: 705-848-1911	Wawa – □ 18 Ganley Street, ON P0S 1K0 Tel: 705-856-7208 Fax: 705-856-1752
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Instructions

1. Please complete this Return Form and attach it to your return.
2. Please make sure the package is labelled as non-reusable.

Health Care Provider/Agency Name:	Returned By:	
Fax Number:	Telephone Number:	Date of Return: (yyyy/mm/dd)

Code Name	Description	Doses/ Pkg	*Return Code	Lot. No.	No. of doses	Catalogue No.
Influenza (QIV) (FlulavalTetra, FluzoneQuad, Afluria Tetra)	QIV Influenza Vaccine – vial – pre-filled syringes	10				657144000 657144200 657144300
Influenza (TIV) (Fluzone High-dose)	TIV Influenza Vaccine – pre-filled syringes – >65 years old	5				657155000

Vaccines not listed

Code Name	Description	Doses/ Pkg	*Return Code	Lot. No.	No. of doses

***Return Code**

CCE –Cold Chain Incident–Emergency/Natural Disaster	EX –Expired Product
CCH –Cold Chain Incident–Human Error	DI –Discontinued Product
CCM –Cold Chain Incident–Malfunction: Refrigerator/Freezer/Equipment	DP –Damaged Product
CCP –Cold Chain Incident–Power Outage	FC –Facility Closure
CCT –Cold Chain Incident–Temperature Breached in Transit	RP –Recalled Product
DE –Defective Product	SV –Suspected Vaccine Contamination