Algoma PUBLIC HEALTH
Santé publique Algoma

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

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

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)	QIV Influenza Vaccine vial pre-filled syringes	10				657144000 657144200
Influenza (QIV) Flucelvax® Quad	QIV Influenza Vaccine pre-filled syringes **>2 years old**	10				657144500
Influenza (TIV) Fluad	TIV Influenza Vaccine pre-filled syringes **>65 years old**	10				657133520
Influenza (QIV) Fluzone High-dose	QIV 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