



<b>Sault Ste. Marie</b> – <input type="checkbox"/> 294 Willow Avenue, ON, P6B 0A9 Tel: 705-942-4646 Fax: 705-541-5959	<b>Blind River</b> – <input type="checkbox"/> 9B Lawton Street, ON, P0R 1B0 Tel: 705-356-2551 Fax: 705-356-2494	<b>Elliot Lake</b> – <input type="checkbox"/> 302-31 Nova Scotia Walk, ON, P5A 1Y9 Tel: 705-848-2314 Fax: 705-848-1911	<b>Wawa</b> – <input type="checkbox"/> 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.

<b>Health Care Provider/Agency Name:</b>	<b>Returned By:</b>
--	---------------------

<b>Fax Number:</b>	<b>Telephone Number:</b>	<b>Date of Return:</b> (yyyy/mm/dd)
--------------------	--------------------------	-------------------------------------

Code Name	Description	Doses/ Pkg	*Return Code	Lot. No.	No. of doses	Catalogue No.
<b>Influenza (QIV)</b> (FluzoneQuad & FluLaval)	QIV Influenza Vaccine vial pre-filled syringes	10				657144000 657144200
<b>Influenza (TIV)</b> Fluad	TIV Influenza Vaccine pre-filled syringes <b>&gt;65 years old</b>	10				657133520
<b>Influenza (QIV)</b> Fluzone High-dose	QIV Influenza Vaccine pre-filled syringes <b>&gt;65 years old</b>	5				657155100

**Vaccines not listed**

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

**\*Return Code**

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