



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			
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 (TIV) (Fluviral & Fluzone)	TIV Influenza Vaccine vial, pre-filled syringes	10				657133230 657133491
Influenza (TIV) Fluad	TIV Influenza Vaccine pre-filled syringes >65 years old	10				657133520
Influenza (TIV) Fluzone High-dose	TIV Influenza Vaccine pre-filled syringes >65 years old	5				657155100

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