

Non-Reusable 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 the Return Record and attach it to your return.
2. Include the return record with your non-reusable vaccines. 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.
Mantoux (Tubersol)	Tuberculin Purified Protein Derivative	10				650633110
DTaP-IPV-Hib (Pediace/Pentacel)	Diphtheria, Tetanus, Pertussis, Polio and <i>Haemophilus influenzae</i> type b Vaccine	5				657133460 657133480
HA (Adult) (Avaxim/Havrix/Vaqta)	Hepatitis A Vaccine (adult)	1				657132570
HA (Pediatric) (Avaxim/Havrix/Vaqta)	Hepatitis A Vaccine (pediatric)	1				657132560
HB (Adult) (Engerix/Recombivax)	Hepatitis B Vaccine School Program (adolescent/adult)	1 or 10				657132430 657133403
HB (Pediatric) (Engerix/Recombivax)	Hepatitis B Vaccine (pediatric)	1				657132510
HB (Renal) (Engerix/Recombivax Renal)	Hepatitis B Vaccine (renal dialysis)	1				657133241
Hib (Act-Hib/Hiberix)	<i>Haemophilus influenzae</i> type b Vaccine	1 or 5				657132550 657132540
HPV-9 (Gardasil 9)	Human Papillomavirus Vaccine	1 or 10				657133900 657133901
IPV (Imovax Polio)	Polio Vaccine	1				657132202
4CMenB (Bexsero)	Multicomponent Meningococcal B Vaccine	1				657133140
Men-C-C (Menjugate/NeisVac-C)	Meningococcal C Conjugate Vaccine	10				657133443
Men-C-ACYW-135 (Menactra)	Meningococcal ACYW Conjugate Vaccine	1 or 5				657133600 657133601
Men-C-ACYW-135 (Nimenrix)	Meningococcal ACYW Conjugate Vaccine	1 or 10				657133700 657133701
MMR (MMRII/Priorix)	Measles, Mumps, Rubella Vaccine	10				657132300
MMRV (Priorix-Tetra/Pro-Quad)	Measles, Mumps, Rubella, Varicella Vaccine	10				657136040
Pneu-C-13 (Pnevnar 13)	Pneumococcal Conjugate 13-valent Vaccine	10				657122025
Pneu-C-15 (Vaxneuvance)	Pneumococcal Conjugate 15-valent Vaccine	1 or 10				657122200 657122201
Pneu-P-23 (Pneumovax 23)	Pneumococcal Polysaccharide 23-valent Vaccine	10				657140102
Pneu-P-20 (Pnevnar 20)	Pneumococcal Polysaccharide 20-valent Vaccine	10				657140201

Code Name	Description	Doses Pkg	*Return Code	Lot. No.	No. of doses	Catalogue No.
Rab (RabAvert/IMOVAX Rabies)	Rabies Vaccine	1				657132310
Rablg	Rabies Immune Globulin	1				657132250 657132260
Rotarix	Rotavirus Vaccine	1 or 10				657142320 657142330
Rota-Teq	Rotavirus Vaccine	1 or 10				657142400 657142401
RSV	Respiratory Syncytial Virus	1 10 1 1 1 5				657123000 657123001 657123240 657122000 657124000 657124001
Td (Td Adsorbed)	Tetanus and Diphtheria Vaccine	5 or 10				657132400 657132401
Tdap (Adacel/Boostrix)	Tetanus, Diphtheria, Pertussis Vaccine	5 or 10				657122030 657122070
Tdap-IPV (Adacel-Polio/ Boostrix-Polio)	Tetanus, Diphtheria, Pertussis, Polio Vaccine	10				657120131
Var (Varilrix/Varivax III)	Varicella Vaccine	10				657133050
Zoster (Shingrix)	Herpes Zoster (Eligibility 65 to 70 years of age)	1 or 10				657120200 657120201

Vaccines not listed

Description	*Return Code	Lot Number	# 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