Lambton Public Health

VACCINE RETURN FORM

May 2021

FAX: 519-383-7092 or
EMAIL: vaccineorders@county-lambton.on.ca

RETURN # (PHU Use Only)

An appropriate Return Reason Code must be used for each name of vaccine and lot number returned.

Please be advised:

- Vaccine returns will NOT be accepted without a Vaccine Return form.
- Cold chain does not have to be maintained for returned vaccines.
- Returns must be placed in a paper or plastic bag. Loose returns will NOT be accepted.

DOCTOR/CLINIC NAME:	
CONTACT NAME:	**TEL #:**
DATE:	**FAX #:**

RETURN REASON CODES			
CCH	Cold Chain Incident - Emergency/Natural Disaster	**DI**	Discontinued Product
CCH	Cold Chain Incident - Human Error	**DP**	Damaged Product
CCM	CC Incident - Malfunction: Refrigerator/Freezer/Equipment	**EX**	Expired Product
CCP	CC Incident - Power Outage	**FC**	Facility Closure
CCT	CC Incident - Temp Breached in Transit - OGP	**RP**	Recalled Product
CCT	CC Incident - Temp Breached in Transit - PHU	**SV**	Suspected Vaccine Contamination
DE	Defective Product		

# DOSES	REASON	NAME OF VACCINE	LOT #