

## **VACCINE RETURN**

**FORM** 

April 2022

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						
ССН	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					

NAME OF VACCINE	LOT#	# DOSES	REASON

VACCINE RETURN Form Revised 2022-04-07ss