MARYLAND VACCINES FOR CHILDREN PROGRAM

VACCINE RETURN FORM

PIN # : _____ Date: _____

Provider Name:_____ Telephone # : _____

Completed by: _____

Expired and wasted vaccine must be accounted for and returned to the VFC program. Please return this form with the vaccine **(refrigeration is not necessary).** Contact the VFC Program at 410-767-6030 or your VFC consultant to arrange vaccine return.

Vaccine	Manufacturer	Lot#	Doses	Expiration Date

Reason for return (i.e. power outage caused vaccines to spoil, patient population has decreased): _____

_____

_____

_____

To prevent a reoccurrence of vaccine wastage, please remember to follow proper vaccine storage and handling procedures:

- Vaccine should be properly stored immediately upon receipt;
- Vaccine is safe to use through the expiration date. If the expiration date is only given as a month and year, vaccine may be used through the last day of that month; and
- Vaccine with the shortest expiration date should always be used first.

Accurate and timely delivery is one of our most important goals. Please notify us in writing of any changes to your address, office hours, contact person or other pertinent information that would affect delivery of vaccine to you.

Please contact your VFC Consultant for assistance.