



Vaccine return form

Toll Free: 1-800-922-0096
www.swpublichealth.ca

Facility/Office name:					
Contact person:					
Date:		Contact number:			
Vaccine	Lot number	# of packages	# of doses	Reason for return* (See codes below)	Opened Multi-dose Vial? (Circle one)
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

***Reason for return:**

- | | | |
|---|---|---------------------------------|
| EQ Excessive Quantity | CCT CC Incident – Temp Breached in Transit | FC Facility Closure |
| CCE Cold Chain Incident – Emergency/Natural Disaster | DE Defective Product | RP Recalled Product |
| CCH Cold Chain Incident – Human Error | DI Discontinued Product | SV Vaccine Contamination |
| CCM Cold Chain Incident – Equipment Malfunction | DP Damaged Product | |
| CCP Cold Chain Incident – Power Outage | EX Expired Product | |