DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Immunization Program

IMMUNIZATION PROGRAM
VACCINE RETURN FORM

DATE: _____
PIN #: _____
PROVIDER NAME: _____
RETURNED BY: _____
TELEPHONE: _____
E-MAIL: _____

VACCINE	MANUFACTURER	DOSES RETURNED	NDC #	LOT NUMBER	Expired	EXPIRATION DATE	WASTED	SPOILED	VIABLE

DO NOT SEND VACCINE DIRECTLY TO THE IMMUNIZATION PROGRAM

Wait for a shipping label to be sent from McKesson

EXPLAIN WHY EXPIRED, SPOILED, WASTED OR OTHER:
CORRECTIVE ACTION:

1) Please fax form to the Immunization Program at 1-800-318-0810

2) Please send form back with packaged vaccine.

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