



VACCINE RETURN FORM

Connecticut Department of Public Health
 410 Capitol Avenue, MS# 11MUN
 Hartford, CT 06134-0308
 Phone (860) 509-7929 / Fax (860) 509-8371

PIN #

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NAME:	DATE:
ADDRESS	PHONE # ()
CITY + ZIP CODE	PERSON COMPLETING FORM:

1. Use your vaccine until it expires. If the expiration date is month and year only, the vaccine is good until the *last day* of the month.
2. For expired/spoiled vaccine fax this completed form to: Connecticut Immunization Program, Attn: Mick Bolduc (860) 509-8371
3. Return all expired/spoiled vaccine to: **McKesson Specialty Distribution, 4853 Crumpler Road, Memphis, TN 38141**. All vaccine should be returned in a pre-paid McKesson shipping container with a completed copy of this form enclosed.

Vaccine	Lot Number(s)	Doses	Cost per Dose	Reason For Return
DTaP/HepB/IPV (PEDIARIX)			\$48.75	
DTaP			\$13.75	
Hep B			\$ 9.50	
Influenza			\$14.25	
Influenza-PF			\$13.09	
Rotarix/Rotateq			\$82.25/\$57.20	
IPV			\$11.48	
MCV4 (MENACTRA)			\$76.35	
MMR			\$18.26	
PCV			\$66.44	
Td			\$17.38	
Varicella			\$61.50	
PedVax HiB			\$11.26	
ActHib			\$8.64	
Tdap			\$31.75	
Hep A			\$12.25	
DTaP/IPV (Kinrix)			\$32.25	
HPV			\$100.59	
FluMist			\$18.50	
DTaP/IPV/Hib (Pentacel)			\$50.10	