



VACCINE RETURN FORM IMMUNIZATION PROGRAM

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



Pin #:	Facility Name:	Date:
Address:		Phone: ()
City:	Zip Code:	Person Completing Form:

1. If the expiration date is month and year only, the vaccine is good until the *last day* of the month.
2. For vaccine spoilage, complete this form along with a memo explaining why the vaccine spoiled and what steps you will take to prevent future incidents from occurring. Fax the vaccine return form and memo to Mick Bolduc (860) 509-8371. A determination will be made as to whether you will have to replace the wasted vaccine. Go to www.ct.gov/dph/immunizations for details on our Financial Restitution Policy or call the Immunization Program to request a copy.
3. To return vaccine to McKesson: contact the Immunization Program at (860) 509-7929 to request a mailing label. A mailing label will be sent to you from McKesson within 7 to 10 business days.
4. Pack the spoiled vaccine, along with a copy of this form, affix the mailing label to the package and give to your UPS driver. Do not call UPS for pick up or you will be charged. **As a reminder never return partial vials or vaccine with needles affixed.**

Vaccine	Lot Number(s)	Doses	Cost per Dose	Reason For Return
DTaP/HepB/IPV (PEDIARIX)			\$48.75	
DTaP			\$13.75	
Hep B			\$ 9.75	
Influenza			\$9.09	
Influenza-PF			\$11.05	
Rotarix			\$83.25	
IPV			\$11.51	
MCV4 (MENACTRA)			\$79.75	
MMR			\$18.30	
PCV 7/PCV 13			\$71.04/\$91.75	
Td			\$18.17	
Varicella			\$64.53	
PedVax HiB			\$11.26	
ActHib			\$8.66	
Tdap			\$28.54	
Hep A			\$12.75	
DTaP/IPV (Kinrix)			\$32.25	
HPV			\$105.58	
FluMist			\$15.25	
DTaP/IPV/Hib (Pentacel)			\$51.49	
Hiberix			\$8.66	