



Immunization Program

Wasted and Expired Vaccine Report

For Office Use Only
Vaccine Return ID: _____

VFC PIN: _____ Facility Name: _____ Email: _____ Phone: _____ Date: _____

Use this form to report nonviable public/VFC vaccine to the Montana Immunization Program. This form can be filled-out on a computer.

To return, either print and FAX to 442-4848, email to hhsiz@mt.gov or click the "Submit Form" button.

Wasted Vaccine—Nonviable vaccine that cannot be returned to McKesson because the packaging has been breached (e.g., broken vials/syringes, vaccine drawn but not administered, nonviable opened multi-dose vials).

- Fill in the table below. Enter the most appropriate number in the Reason Code column. Use the NDC on the vaccine package or packing slip (not on the syringe/vial).
 - Drawn up, not used
 - Lost or Unaccounted
 - Broken/Dropped
 - Vaccine damaged in transit
 - Open vial, but all doses not administered
- Return form to the Montana Immunization Program.
- Discard product per your facility guidelines.

Vaccine Name	No of Doses	Lot No	Expiration Date	NDC Number	Reason Code	Comments (required)

Expired or Spoiled Vaccine—Nonviable vaccine with packaging intact that can be returned to McKesson (e.g., expired/recalled vaccine, vaccine spoiled by cold chain failures).

DO NOT DISCARD expired/spoiled vaccine.

- Fill in the table below. Enter the most appropriate number in the Reason Code column. Use the NDC on the vaccine package or packing slip (not on the syringe/vial).
- Indicate the number of shipping labels needed. One label per shipping container.
- Return form to the Montana Immunization Program. Once processed, we will email you a print-screen of the return inventory and McKesson Specialty Care Dist will email you a shipping label.
- Print the print-screen and place in the shipping container with your vaccine. The vaccine in the container must match the information on the print-screen EXACTLY. Print and attach the shipping label to the outside of the container. Call for a UPS pickup.
- You must return expired/spoiled vaccine within 6 months of the spoilage or expiration.

Vaccine Name	No of Doses	Lot No	Expiration Date	NDC Number	Reason Code	Comments (required if using Reason 9)

Number of shipping labels: (1 per shipping container):

- Reason codes:
- | | | |
|----------------------------------|---|---------------------------|
| 1. Expired vaccine | 4. Refrigerator/Freezer too cold | 7. Mechanical failure |
| 2. Natural Disaster/Power Outage | 5. Failure to store properly upon receipt | 8. Spoiled |
| 3. Refrigerator/Freezer too warm | 6. Vaccine spoiled in transit | 9. Other (Please Explain) |