Return This Form To:
Chicago Department of Public Health - Immunization Program
2160 West Ogden Avenue Chicago, IL 60612
FAX: 312-746-6220

Date: _____ VFC/BAP PIN #: _____ Name of Clinic/Practice: _____PHA: _____
Street Address: _____ Suite/Room:_____ Zip Code: _____
Contact Person: _____ Phone: ( ) _____ FAX: ( )_____
Provider Email:_____ **Provider Signature:**_____ **Date:**_____

Vaccine/Manufacturer	Return Doses	NDC	Expiration Date	Lot Number	Unusable Spoiled/Expired
e.g. Infanrix / GSK	10	58160-0810-11	6/30/2013	U4147BA	A - J

Vaccine Manufacture	Abbreviations
Novartis	Nov
MedImmune	Med
SanofiPasteur/AventisPasteur	SP or AVP
Merck	Mer
Glaxo-SmithKline	GSK
Pfizer	Pzr

Use the key below to identify the reason for returning vaccine

A Expired Vaccine	**G** Vaccine Recalled by Manufacture/VFC
B Failure to store properly upon receipt	**H** Refrigerator too Cold
C Mechanical Failure (refrigerator broke)	**I** Refrigerator too Warm
D Natural Disaster/Power Outage	**J** Vaccine spoiled in transit (frozen/warm)
E Spoiled (Describe reason for spoilage)	
F Other (Describe)	

Steps to Return Spolied/Expired Vaccine

1. Complete this form and EMAIL to **ChicagoVFC@cityofchicago.org** or FAX it to the VFC Immunization Program at **(312) 746-6220.**
2. You will receive a return shipping label(s) from McKesson Specialty Distribution via U.S. Postal Service. (Contact 312-746-5385 if not received)
3. Pack non-viable (spoiled/expired) vaccine in a box(s) (The vaccine should not be packed with ice packs or thermometers).
4. Enclose the original copy of this Return Form in the box(s) with the spoiled/expired vaccine.
5. Hand the labeled box(s) of expired vaccine to the UPS driver or drop the box(s) off at your nearest UPS store.
6. If you have any questions, contact the Immunization Program at 312-746-5385 or ChicagoVFC@cityofchicago.org.