

VACCINES FOR CHILDREN (VFC) PROGRAM

RETURN OR TRANSFER OF VFC VACCINES REPORT



Instructions:

1. Please print or type. Complete this form and then fax (toll-free) a copy to the VFC Program at 877-FAXX-VFC (877-329-9832).
2. Make a copy of this form for your records. Enclose the original copy of the form in the package with the non-viable or expired vaccines you are returning to the VFC Program. You may contact the VFC program to request a pre-paid postage label to return vaccines.
3. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed".
Return vaccine to: McKesson Specialty Distribution Center, 3775 Seaport Blvd., West Sacramento, CA 95691, Attn: Randy Mohring
4. McKesson Specialty does not accept viable vaccine returns directly from VFC providers. Please contact the VFC Program for instructions and approval of viable vaccine returns.

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		PIN
MAILING ADDRESS (NUMBER/STREET)		COUNTY
CONTACT PERSON		DATE
TELEPHONE NUMBER		ZIP CODE
CITY		FAX NUMBER

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	VACCINE RECEIVED IN GOOD CONDITION?†			COMMENTS
						YES	NO	INITIALS	

TRANSACTION CODES—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1[†]	Viable Vaccine— Transferred to Another VFC Provider	NAME	PIN	TELEPHONE	You need the prior approval of the VFC Program to transfer VFC vaccine to another VFC provider.
2[†]	Viable Vaccine— Received from Another VFC Provider	NAME	PIN	TELEPHONE	
3[*]	Spoiled Vaccine— Returned to the VFC Program	*Spoiled Reason Codes: (use all codes that apply) <input type="checkbox"/> Vaccine storage unit failure <input type="checkbox"/> Stored incorrectly <input type="checkbox"/> Failure to store vaccines properly upon receipt <input type="checkbox"/> Vaccine damaged/spoiled during shipment to practice/clinic <input type="checkbox"/> Power Outage/Natural Disaster <input type="checkbox"/> Other. Explain _____			You must send the VFC Program, with this report, a letter detailing the events (e.g., power outage) that resulted in spoiled vaccine.
4	Expired Vaccine— Returned to the VFC Program				