



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. **Never return partial vials or vaccine with needles affixed.**

Vaccine	Lot Number(s)	Expiration Date	Doses	Cost Per Dose	Reason For Return
DTaP/HepB/IPV (PEDIARIX)				\$49.75	
DTaP				\$14.25	
Hep B				\$ 10.25	
Flu (3-18 years)				\$9.06	
Flu (6-35 months)				\$10.64	
Rotarix/RotaTeq				\$83.75/\$59.18	
IPV				\$11.74	
MCV4				\$79.75	
MMR				\$18.64	
PCV 7/PCV 13				\$71.04 / 91.75	
Td				\$16.50	
Varicella				\$67.08	
PedVax HiB				\$11.51	
ActHib				\$8.83	
Tdap				\$28.54	
Hep A				\$13.25	
DTaP/IPV (Kinrix)				\$32.75	
HPV				\$108.72	
FluMist				\$15.70	
DTaP/IPV/Hib (Pentacel)				\$50.70	
Hiberix				\$8.66	