### Vaccine Return and Transfer Form

Fax to (801) 538-9440 to request a Return Authorization/Transfer Approval

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Facility Name</th>
<th>Phone with Area Code</th>
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<tbody>
<tr>
<td>Vaccine Coordinator (Print)</td>
<td>☐ Check if new Coordinator</td>
<td>Email Address</td>
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<tr>
<th>Vaccine</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>NDC Number</th>
<th>Expiration Date</th>
<th>Number of Doses</th>
<th>Reason Returned (see below)</th>
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**Reason Returned Codes:**
1. Expired  
2. Wasted/Destroyed  
3. Natural Disaster/Power Outage  
4. Spoiled in transit  
5. Failure to store in refrigerator / freezer  
6. Temperature to warm  
7. Temperature to cold  
8. Mechanical Failure

**Incident Report & Plan of Action (Reasons 2-8):** *Attach a separate page if needed.*

9. Request vaccine transfer to VFC Provider: ________________________________  VFC PIN: __________________

*For Transfers ONLY: By signing below, you confirm the above vaccine was received by your facility and accept accountability for the product(s). Discrepancies should be reported to VFC immediately. Fax within 5 days of receipt to: (801) 538-9440

Signature of Receiving Facility: ________________________________  Date Received: __________
Instruction for Completing the VFC Vaccine Return and Transfer Form

Notify the Utah VFC Program immediately of any vaccine loss. You must have prior approval before returning or transferring any VFC vaccines.

Instructions:

1. **Enter facility’s VFC PIN & USIIS ID**
   Provider Identification Number & USIIS ID assigned to your facility by the Utah VFC Program.

2. **Enter Date Submitted**
   Date facility submits the return request to the Utah VFC Program.

3. **Enter Facility Name**
   Name of healthcare facility enrolled as a VFC Provider. Please notify the Utah VFC Program if facility name changes.

4. **Enter Name, Email and Phone Number with Area Code of the Vaccine Coordinator**
   Print clearly the person responsible for the Utah VFC Program in your facility. List number to contact you if there is a question regarding the vaccine. Email address listed will receive confirmation.

5. **List all VFC vaccines returned or transferred**
   Include all information on packaging for each vaccine being returned or transferred. Incomplete forms will be denied.

6. **List reason you are returning vaccine**
   A list of reason codes can be found at the bottom of the table. Put the appropriate number in the Reason Returned column. A reason must be listed for each returned vaccine.

7. **If returning vaccine due to a spoilage incident or wastage (reasons 2-8), fax the following to the Utah VFC Program:**
   - Completed Incident Report and Plan of Action.
   - An incident report of the events that led to the non-viable vaccine should be listed in the box provided.
   - A plan of action to keep the incident from reoccurring should be listed in the box provided.
   - The incident report / plan of action may be submitted on a separate sheet of paper if the box provided is not sufficient.
   - Completed Emergency Response Worksheet.
   - Temperature logs for the last two weeks that reflect twice daily readings.
   - Completed Certificate of Completion for Storage & Handling Training.
   - Date of unit repairs or replacement if due to mechanical failure.

   **A certified shipping pack out, data logger and/or portable freezer is required for all transfers.**

8. **If requesting a VIABLE vaccine transfer to another facility (reason 9)**
   Request vaccine transfer by faxing the completed form and 30 days of temperature logs to (801) 538-9440. The Utah VFC Program will email facilities a Transfer Authorization. Approved transfers must be completed within 5 days. The facility accepting the vaccine must review contents, sign the form and fax to (801) 538-9440 within 5 days of receipt.

9. **Returning vaccine to McKesson Specialty Distribution**
   The Utah VFC Program will notify McKesson your facility is returning vaccine and request a return shipping label. A confirmation email and Return Authorization to the sent to the email listed on this form. Package expired or spoiled vaccine in a box or padded envelope, including a copy of the form and Return Authorization. Ship vaccine to McKesson using the return shipping label provided.

   **Always keep a copy for your records!**

   - At the first sign of a refrigerator failure or other incident that may interrupt maintaining the “cold chain,” refer to your Emergency Vaccine Handling Plan and complete the Emergency Response Worksheet. Refrigerate the vaccines appropriately, mark vaccines as Do Not Use, and contact manufacturers.
   - Return only vaccines received from the Utah Immunization Program. Never return vaccines to the Utah VFC Program; instead request a transfer or create a reminder / recall list. Contact the Utah VFC Program for assistance.
   - Use vaccines through printed expiration date. If date is month and year only, it is viable until the last day of that month.
   - Contact the Utah VFC Program at (801) 538-9450 for additional information or training on vaccine storage and handling.