

# Mississippi State Department of Health

## Vaccine Return Form

**The clinic will be financially responsible for annual vaccine lost/wasted greater than 5%.**

1. \_\_\_\_\_  
Date

**IMPORTANT**

- ✓ Fax a copy to: 601-576-7686  
Mississippi State Department of Health  
Immunization Program  
570 East Woodrow Wilson  
Post Office Box 1700  
Jackson, Mississippi 39215-1700
- ✓ Keep a copy for your file
- ✓ Include a copy with vaccine product to be returned
- ✓ **NOTE:** For MSDH health departments, this form may be used to document adult vaccine returns to the pharmacy. Fill out the form as instructed except use adult as the funding source; send vaccine and one copy of the completed form to the MSDH Pharmacy.

2. Clinic Name	3. PIN
4. Shipping Address	
5. City	
6. Telephone Number	
7. Contact Name (Print)	
8. E-Mail Address	

**Return Code:**

1. Refrigerator malfunction (temp. at discovery.)   2. Left Out of Refrigerator/Freezer   3. Expired Vaccine   4. Damaged in Transit   5. Vaccine Recall  
6. Power Outage   7. Natural Disaster   8. Other \_\_\_\_\_

Date	Vaccine	*Number of Doses	Expiration Date	Lot Number	NDC# Number	Funding Source (VFC, CHIP State Ped, or 317)	Return Code	Nurses Signature

\_\_\_\_\_  
Contact Name Signature

\_\_\_\_\_  
Date

\*Amounts entered on form must match what is being entered into MIIX.  
\*Amounts entered on form must match amount of vaccine placed in shipping box for return to McKesson.



## Instructions for Vaccine Return Form (Form No. 131)

### Purpose

The Vaccine Return Form is used to document the amount of vaccine being returned by each health department clinic or vaccine provider and the reason for its return.

### Instructions

**Returns:** Each unopened dose of vaccine that cannot be administered to patients must be returned to the distributor. Clinic staff should complete a Vaccine Return Form and fax the form to the Immunization Program. The Immunization Program staff will arrange for the distributor to send the clinic a return shipping label by e-mail or mail or arrange for pick-up from the clinic location. **DO NOT RETURN VACCINE TO THE IMMUNIZATION PROGRAM.** A copy of the return form must be enclosed in the shipping container with the vaccine and a copy of the form should be retained for the clinic's file. The return shipping label should be adhered to the outside of the box. If the box has not been picked up from the clinic location within 2 weeks of receipt of the shipping label, contact the Immunization Program by phone at (601) 576-7751. Clinic staff must make every effort to minimize vaccine returns through proper ordering, storage, handling, and administration. The clinic will be financially responsible for annual vaccine loss greater than 5% in the clinic.

**Note: Amounts entered on the form should match what is being returned and entered in MIIX.**

1. Date: Enter the date (mo/day/yr) the report is being completed.
2. Health Department/Clinic Name: Enter the name of the health department or clinic that is returning the vaccine.
3. PIN: Enter the clinic's VFC PIN number.
4. Shipping Address: Enter the complete shipping address of the clinic.
5. City: Enter the city corresponding with the address.
6. Telephone Number: Enter the telephone number of the person completing this report.
7. Contact Name: Print the name of the contact person for the clinic/ facility.
8. E-Mail Address: Enter the E-mail address of the contact person for the clinic/facility.

All other columns are to be completed by vaccine type as follows:

- Date: Enter the date (mo/day/yr) the vaccine was packaged for return.
- Vaccine: Enter the name of the vaccine being returned.
- Number of Doses: Enter the number of doses being returned.
- Expiration Date: Enter the expiration date (mo/day/yr) of the vaccine that is being returned.
- Lot Number: Enter the lot number of the vaccine that is being returned.
- NDC #: Enter the NDC number of the vaccine being returned.
- Funding Source: Enter the funding source (VFC, CHIP, State Ped, or 317) for the vaccine being returned. *Note: Use adult funding source if using the form for MSDH pharmacy adult vaccine returns.*
- Return Code: Enter the reason for the vaccine return.
- Nurse: Enter the signature of the Nurse.

Contact Name Signature and Date: Enter the date and signature of person completing this report.

