



Name of clinic or immunizer:			
Email:			
Phone:	City:	Date of return:	

RETURN
CODES

C Cold Chain
Incident/
Unusable

D Damaged

E Expired

R Recall

S Surplus/
Overstock

O Other - specify _____

Product Care

- Return expired products promptly, including partial vials.
- Do not maintain cold chain.
- Label as "RETURNED DO NOT USE"
- Include a copy of this form once completed.

Contact
[Vaccines@
interiorhealth.ca](mailto:Vaccines@interiorhealth.ca)
for additional
information.

Vaccine	# Doses		Lot Number
	Returned	Return Code	
Avian Influenza			
	DTaP-HB-IPV-Hib		
	DTaP-IPV-Hib		
	Tdap-IPV		
	Tdap		
	Td Adsorbed		
Haemophilus b (Hib)			
Hepatitis A:	Adult		
	Pediatric		
Hepatitis B:	Adult		
	Dialysis		
	Pediatric		
HPV			
Immune Globulin (Ig) GamaSTAN®			
Meningococcal B			
Meningococcal C (MCC)			
Meningococcal Quadrivalent (A,C,Y,W-135)			
MMR			
MMRV			
Mpox			
Pneumococcal Conjugate 20			
Polio			
Rabies:	Immune Globulin		
	Vaccine		
Respiratory Syncytial Virus (RSV) Beyfortus (nirsevimab)			
Rotavirus			
Tetanus Immune Globulin			
Tuberculin Skin Test			
Varicella			

Public Health staff receiving returned product:	
Signature:	Date:
Panorma Return Requisition #:	ImmsBC return completed: <input type="checkbox"/> Yes <input type="checkbox"/> No