

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 for additional information.

Vaccine		# Doses		Lot Number
		Returned	Return Code	
Avian Influenza				
Diphtheria and Tetanus containing vaccines:	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: ☐ Yes ☐ No