



Biological Preparations Return Report

<input type="checkbox"/> Vaccine wastage <input type="checkbox"/> Reusable return Date:	Reason for Return of Vaccine Wastage	
	<input type="checkbox"/> Outdated Products (reason)	
	<input type="checkbox"/> Spoiled Products (reason)	
	<input type="checkbox"/> Equipment / Power failure	
	<input type="checkbox"/> Other (reason)	
	<input type="checkbox"/> Opened multi-dose well beyond use date <input type="checkbox"/> Short Dated Product <input type="checkbox"/> Product Recall	
Corrective Action:		

Vaccine Components	# Doses Returned	Lot Number	Expiry Date
Diphtheria, Tetanus, Acellular Pertussis			
Diphtheria, Tetanus, Acellular Pertussis & Polio			
Diphtheria, Tetanus, Acellular Pertussis, Polio & Haemophilus influenza type b			
Haemophilus influenza type b			
Hepatitis A Adult			
Hepatitis A Pediatric			
Hepatitis A & B Adult			
Hepatitis A & B Pediatric			
Hepatitis B 1.0 ml			
Hepatitis B 0.5 ml - Pediatric			
Hepatitis B – (Dialysis Formulation)			
Human Papillomavirus			
Influenza			
Polio			
Measles, Mumps & Rubella		Vaccine	
Meningococcal A,C,Y, W135			
Meningococcal C			
Measles, Mumps, Rubella & Varicella		Vaccine	
Pneumococcal Conjugate			
Pneumococcal Polysaccharide			
Rabies			
Rabies Immune Globulin			
Tetanus and Diphtheria			
Tetanus, Diphtheria and Polio			
Varicella		Vaccine	
5.T.U. PPD Mantoux			
Rotavirus			
Other			

Vaccine maintained within cold chain <input type="checkbox"/> Signature: _____				
RETURNED BY:	Clinic / Office	Date	Print Name	Signature

Office Use Only	Return Vaccine and Form to:	Copy of Form to:
Follow up/Action:	Vaccine & Supply Coordinator Vaccine Program 100 Forest Road St. John's, NL A1A3Z9	Program Coordinator Disease Control Division Department of Health P.O. Box 8700 St. John's, NL A1B 4J6
CDC Nurse: Date:		