BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

VACCINE RETURN FORM

THIS FORM MUST ACCOMPANY ALL VACCINE RETURNS

Physician/Clinic Name:	Phone #:
Date of Return:	Date of Cold Chain Incident (if applicable):

Please write in **# of doses returned, not # of boxes.*

Name of Vaccine	# of Doses	Lot #	Expiry Date	Reason for Return

Reason for Return codes: *Please write code under "Reason for Return" column.*

CCH- Cold Chain Incident (Human Error)
CCM – Cold Chain Incident (Fridge/Equip. Malfunction)
CCP – Cold Chain Incident (Power Outage)
DP – Damaged Product
EQ – Excessive Quantity (flu vaccine only)
EX – Expired Product
FC – Facility Closure