

Virginia Adult Hepatitis B Immunization Initiative (VAHBII) Vaccine Return Form

(Health Depts. only)

Date _____ Health District _____

Venue Name _____

Contact Name _____

Address _____

Phone () _____ Fax () _____

DIRECTIONS:

- Fax or mail this completed form to the Immunization Division to report non-viable vaccine.
- **DO NOT mail vaccine to the division**
- Prepare the non-viable vaccine for shipment and include a copy of this form in the package.
- Within 2-3 weeks of receipt of this form, the division will send you prepaid shipping labels to affix to the package.
- Your site can choose to schedule a UPS pick-up for the package, or wait to give the package to your UPS carrier when he/she is at your location making a drop-off.

Non-viable returns for excise tax credit. (Include a copy of this form with returned vaccine.)	
EXPIRED	Vaccine has reached expiration date on vial/box.
SPOILED	Spoiled at facility or upon delivery, refrigerator failure, etc.
Non-viable returns that are NOT returnable due to hazards.	
DAMAGED	Open or broken vial, broken or attached needle, etc.

Vaccine (Hep B or Twinrix)	Number of Doses	Lot Number	Expiration Date	Return Reason
Hepatitis B				
Hepatitis B				
Hepatitis B				
Twinrix				
Twinrix				
Twinrix				

Adult Hepatitis B Immunization Initiative
 Division of Immunization, P.O. Box 2448
 109 Governor Street, Room 314 West
 Richmond, Virginia 23218
 Phone (804) 864-8055
 Fax: (804) 864-8089



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