



VVFC RETURNS AND TRANSFERS

(FOR ALL VACCINE INVENTORY ADJUSTMENTS)

Date _____ PIN _____

Contact _____

Practice _____

Address _____

Phone () _____ Fax () _____

Please circle any new information in order for us to update your records.

Report Type	Non-viable Returns (Include a copy of this form with returned vaccine)
Expiration	Vaccine has reached expiration date on vial/box.
Spoilage	Explain:
	Non-viable Not Returnable (Report to Order Center Only)
Hazardous	Not returnable. Hazardous. Open vial, Needle, Broken Vial etc.
	Viable Vaccine (Overstock)
Transfer	Viable vaccine is being transferred to another VVFC facility.

Vaccine	Doses	Lot Number	Expiration Date	Explanation

If requesting a transfer, please indicate temperatures → Refrigerator: _____ Freezer: _____

Name and PIN of facility receiving vaccine transfer: _____ Date Transferred: _____

Please fax or mail the completed form to the Virginia Vaccines For Children office.
DO NOT mail vaccine to the VVFC Office.

NON-VIABLE RETURNS: After your return form is received at the Order Center, McKesson will send you a UPS Return Label. Allow 2 - 3 weeks for the label to arrive. Place the label on the box with a copy of this form to serve as a packing slip. Give the box to your UPS driver. If you don't have regular UPS service call the Order Center to schedule a UPS pick-up.

VIABLE TRANSFER: The VVFC Office will send names and phone numbers of VVFC facilities in your area for you to contact to make arrangements for a transfer. Once the vaccine is transferred, contact the VVFC office or, send this form providing the following information: **Date of Transfer, Receiving Facility's PIN and Contact Name, Number of Doses, and Lot Numbers of Vaccine Transferred.**

Virginia Vaccines For Children Program
 Division of Immunization, P.O. Box 2448
 109 Governor Street, Room 314 West
 Richmond, Virginia 23218
 Phone (877) 781-VVFC (8832) or (804) 864-8055
 Fax: (804) 864-8090



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