

Division of Immunization (DOI) Returns and Transfers

(For All Vaccine Inventory Adjustments)

Date _____

PIN _____

Contact Name _____

Contact email _____

Practice _____

Address _____

Phone () _____

Fax () _____

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

<p>RETURNS: The information reported on this form is recorded in CDC's ordering system. Once entered, McKesson will send a UPS Return Label via email for expired or spoiled (non-hazardous) vaccine. If a return label is not received via email, check your spam folder. The unique UPS return label will be emailed from UPS Quantum View [pkginfo@ups.com] to the contact email address. The subject of the email with the return label will be titled "UPS Label Delivery, <Label tracking Number>." Return labels should be available by email in about 15-30 minutes after the return is entered. 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. Please allow three business days for the Order Center to process the vaccine return. Hazardous vaccine (open vials, broken vials, attached needles) should be reported but not returned. The return label is to be used for non-hazardous vaccine for the purpose of collecting the excise tax credit.</p>					
<p>Return for Excise Tax Credit (Non Hazardous) (Include a copy of this form with returned vaccine)</p>					<p>Report Types:</p>
<p>Vaccine has reached expiration date</p>					<p>Expiration</p>
<p>Explain the vaccine spoilage incident:</p>					<p>Spoilage</p>
<p>Not Returnable/Hazardous (Report to Order Center and Discard) (Do not return hazardous vaccine)</p>					<p>Hazardous</p>
<p>Not returnable/Hazardous (Open vial, Needle, Broken Vial etc.)</p>					
<p>VIABLE TRANSFER: Please contact DOI office for assistance prior to transferring vaccines. Please include data logger reports. Once a transfer has been approved and finalized, complete and submit this form to the Order Center.</p>					
<p>Transfer</p>					<p>Transfer</p>
<p>Viable vaccine is being transferred to another enrolled provider for inventory management purposes.</p>					
<p>Name and PIN of facility receiving vaccine transfer:</p>				<p>Date Transferred:</p>	
Vaccine	NDC	Doses	Lot Number	Expiration Date	Report Type

**Please fax or mail the completed form to the order center.
DO NOT mail vaccine to the Division of Immunization.**