

## Non-Reusable Vaccine (spoiled or expired) Return Record

This form must be completed with every vaccine return. Please complete all fields using doses not boxes and indicate the reason for return as listed at the bottom of page. If this is a cold chain failure, please indicate the contact at Halton Region in the Return Authorization by box that you reported the incident to.

Holding Point Code and Facility Name <b>HAL_OK_</b>		Holding Point Contact		Return Authorization By:		
Returned By		Fax Number	Telephone Number		Date of Return (yyyy/mm/dd)	
Code Name	Description	Doses/ Pkg	*Return Code	Lot. No.	No. of doses	Catalogue No.
BID (Mantoux)	Tuberculin Purified Protein Derivative	10				6506-3311-0
DTaP-IPV (Quadracel®)	Diphtheria, Tetanus, Pertussis, Polio Vaccine	5				6571-3343-0
DTaP-IPV (Infanrix®)	Diphtheria, Tetanus, Pertussis, Polio Vaccine	10				6571-3373-0
DTaP-IPV-Hib (Pediace®)	Diphtheria, Tetanus, Pertussis, Polio and <i>Haemophi/us influenzae</i> type b Vaccine	5				6571-3346-0
DTaP-IPV-Hib (Pentacel®)	Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophi/us influenzae</i> type b Vaccine	5				6571-3348-0
HA (Adult)	Hepatitis A Vaccine (adult)	1				6571-3257-0
HA (Paed)	Hepatitis A Vaccine (paediatric)	1				6571-3256-0
HB (Adol/Adult)	Hepatitis B Vaccine (adolescent/adult)	1				6571-3243-0
HB (Paed)	Hepatitis B Vaccine (paediatric)	1				6571-3251-0
HB (Ren) (Recombivax®)	Hepatitis B Vaccine (renal dialysis)	1				6571-3324-1
Hib	<i>Haemophi/us influenzae</i> type b Vaccine	5				6571-3255-0
HPV-4	Human Papillomavirus Vaccine	1				6571-3351-0
HPV-9	Human Papillomavirus Vaccine	1				6571-3390-0
Inf (Vaxigrip®/ Fluvira®/Agriflu®)	Influenza Vaccine- vial	10				6571-3323-0
Inf (Influvac®)	Influenza Vaccine- pre-filled syringes	10				6571-3349-1
Inf (Fiuad®)	Influenza Vaccine	10				6571-3352-0
Inf (FluMist®)	Influenza Vaccine – Nasal Spray	10				6571-4410-0
Inf (Fluzone Quad®)	Influenza Vaccine – pre-filled syringes	10				6571-4420-0
Inf (Fluzone Quad®/ FluLaval®)	Influenza Vaccine – Multi-dose	10				6571-4400-0
IPV	Polio Vaccine	1				6571-3220-2
Men-B	Multicomponent Meningococcal B Vaccine	1				6571-3314-0
Men-C-C	Meningococcal C Conjugate Vaccine	5				6571-3344-2
Men-C-ACYW-135	Meningococcal ACYW Conjugate Vaccine	1				6571- 3360-0

Men-P-ACYW	Meningococcal ACYW Polysaccharide Vaccine	1			6571-3327-2
MMR (Priorix®/MMRII®)	Measles, Mumps, Rubella Vaccine	10			6571-3230-0
MMRV (Priorix-Tetra®/ProQuad®)	Measles, Mumps, Rubella, Varicella Vaccine	10			6571-3604-0
Pneu-C-13	Pneumococcal Conjugate 13-valent Vaccine	10			6571-2202-5
Pneu-P-23	Pneumococcal Polysaccharide 23-valent Vaccine	10			6571-4010-2
Rab	Rabies Vaccine	1			6571-3231-0
Rablg	Rabies Immune Globulin	1			6571-3225-0
Rot-1	Rotavirus Vaccine	1			6571-4232-0
Rot-1	Rotavirus Vaccine (Squeezable tube)	1			6571-4233-0
Td	Tetanus and Diphtheria Vaccine	5			6571-3240-0
Td-IPV	Tetanus, Diphtheria, Polio Vaccine	5			6571-3249-0
Tdap (Adacel®)	Tetanus, Diphtheria, Pertussis Vaccine	5			6571-2203-0
Tdap (Boostrix®)	Tetanus, Diphtheria, Pertussis Vaccine	10			6571- 2207-0
Tdap-IPV (Adacel-Polio® Boostrix -Polio®)	Tetanus, Diphtheria, Pertussis, Polio Vaccine	10			6571-2013-1
Var (Varivax III®)	Varicella Vaccine	1			6571-3305-1
Var (Varilrix®/Varivax III®)	Varicella Vaccine	10			6571-3305-0
Var-Zoster (Zostavax®)		10			6571-12016-0

#### Vaccines not listed

Code Name	Description	Doses /Pkg	*Return Code	Lot. No.	No. of doses	Catalogue No.

#### \*Return Code

CCE - Cold Chain Incident- Emergency/Natural Disaster

DI - Discontinued Product

CCH - Cold Chain Incident - Human Error

DP - Damaged Product

CCM - Chain Incident - Malfunction: Refrigerator/Freezer/Equipment

EX – Expired Product

CCP – Cold Chain Incident – Power Outage

FC – Facility Closure

CCT – Cold Chain Incident – Temperature Breached in Transit

RP – Recalled Product

DE – Defective Product

SV – Suspected Vaccine Contamination