# COLORADO FLU RETURN FORM

## FAX TO: (303) 691-6118 OR EMAIL TO: cdphe_vfc@state.co.us

***For The Return of State Supplied (VFC or 317) Vaccine Only - DO NOT MAIL VACCINE TO THE COLORADO VFC PROGRAM***

| VFC PIN#: | DATE: | FAX: |
|---|---|---|
| NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.: | | PHONE: |
| CONTACT PERSON: | EMAIL: | |

**STEPS FOR RETURNING *NON-VIABLE/EXPIRED* FLU VACCINE:**

**INCOMPLETE FORMS WILL NOT BE PROCESSED. (Please answer questions completely)**

| | |
|---|---|
| **1 - Complete this form and answer question 5. FAX or EMAIL both pages to the VFC Program.** | **4 - Include a copy of the return form in the package(s) with the returned vaccines and keep a copy for your VFC records. Seal your package(s) and attach the McKesson return label. Give your return package(s) to the UPS delivery person next time they come to your office.** |
| **2 - You should receive the number of labels requested in #5 via email from McKesson within 3-5 days.** **Remember to check your SPAM folder for the email. If a return label is not received within 1 week contact the VFC Program.* | **5 - How many boxes do you need return shipping labels for? _____.** **One unique return label will be included per email. Ex: If 3 boxes are indicated above, the contact will receive 3 emails, each containing a singele return mailing label. *Labels cannot be photcopied or reprinted for multiple uses.* |
| **3 - Package non-viable vaccine in a box. The vaccine does not need to be packed with ice packs or thermometers.** | |

Vaccines that can be returned include ONLY spoiled or expired vaccines in their original vials or pre-filled syringes (No Needles).

**DO NOT return syringes you filled but didn't use, used syringes with or without needles attached, broken vials, or any multidose vial from which some doses have already been drawn.**

McKesson recommends providers keep one or two boxes on hand for any expired or non-viable vaccine returns to McKesson.

| VACCINE | MANUFACTURER | NDC | PACKAGE DESCRIPTION | # of DOSES RETURNED | REASON CODE |
|---|---|---|---|---|---|
| Fluarix | GSK | 58160-0903-52 | FLU; SYR; 10-PACK | | |
| | | 58160-0905-52 | FLU; SYR; 10-PACK | | |
| FluLaval | GSK | 19515-0903-11 | FLU; MDV10; 1-PACK | | |
| FluMist | MedImmune | 66019-0302-10 | FLU; SPRAYER; 10-PACK | | |
| | | 66019-0303-10 | FLU; SPRAYER; 10-PACK | | |
| Fluvirin | Novartis | 66521-0118-10 | FLU; MDV10; 1-PACK | | |
| | | 70461-0119-10 | FLU; MDV10; 1-PACK | | |
| Fluzone | Sanofi | 49281-0415-10 | FLU 0.5mL; SDV; 10-PACK | | |
| | | 49281-0416-10 | FLU 0.5mL; SDV; 10-PACK | | |
| Fluzone | Sanofi | 49281-0415-50 | FLU 0.5mL; SYR; 10-PACK | | |
| | | 49281-0416-50 | FLU 0.5mL; SYR; 10-PACK | | |
| Fluzone | Sanofi | 49281-0515-25 | FLU 0.25mL; SYR; 10-PACK | | |
| | | 49281-0516-25 | FLU 0.25mL; SYR; 10-PACK | | |
| Fluzone | Sanofi | 49281-0623-15 | FLU; MDV10; 1-PACK | | |
| | | 49281-0625-15 | FLU; MDV10; 1-PACK | | |
| | | | | | |
| | | | | | |
| | | | **TOTAL DOSES:** | | |

*** Return Reason Codes: (use all codes that apply)**

1 - Expired Vaccine
2 - Refrigerator/Freezer Temp too warm
3 - Failure to store vaccine properly upon receipt
4 - Refrigerator/Freezer Temp too cold
5 - Natural Disaster/Power Outage
6 - Refrigerator/Freezer Failure
7 - Spoiled Other (explain below)

**EXPLAIN:**