



Eastern Ontario Health Unit
 1000 Pitt St
 Cornwall ON K6J 5T1
 Telephone: 613-933-1375
 Fax: 613-936-0700

Healthcare Provider Return Record for Non-Reusable Vaccines (spoiled or expired)

Instructions

1. Please complete the Return Record and attach to your return.
2. Include the Return Record with your non-reusable vaccines.

Healthcare Provider/Clinic/LTCH Name		Client Number	Return Authorization Number
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 (only unopened vials)	10				6506-3311-0
DTaP-IPV-Hib (Pediace [®])	Diphtheria, Tetanus, Pertussis, Polio and <i>Haemophilus influenzae</i> type b Vaccine	5				6571-3346-0
Hib	<i>Haemophilus influenzae</i> type b Vaccine	5				6571-3255-0
Inf (Vaxigrip [®] /Fluviral [®] /Fluzone [®])	Influenza Vaccine - vial	10				6571-3323-0
Inf (Agriflu [®] / Fluzone [®])	Influenza Vaccine - pre-filled syringes	10				6571-3349-1
IPV	Polio Vaccine	1				6571-3220-2
Men-C-C	Meningococcal C Conjugate Vaccine	10				6571-3344-2
MMR	Measles, Mumps, Rubella Vaccine	10				6571-3230-0
MMRV	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
Rot-1	Rotavirus Vaccine	1/10				6571-4232-0

Code Name	Description	Doses/ Pkg	*Return Code	Lot No.	No. of Doses	Catalogue No.
Td	Tetanus and Diphtheria Vaccine	5				6571-3240-0
Tdap (Adacel®)	Tetanus, Diphtheria, Pertussis Vaccine	5				6571-2203-0
Tdap (Boostrix®)	Tetanus, Diphtheria, Pertussis Vaccine	10				6571-2207-0
Tdap-IPV (Adacel-Polio)	Tetanus, Diphtheria, Pertussis, Polio Vaccine	5				6571-3003-0
Tdap-IPV (Boostrix-Polio)	Tetanus, Diphtheria, Pertussis, Polio Vaccine	10				6571-2013-1
Var (Varilrix®/Varivax®III)	Varicella Vaccine	10				6571-3305-0
Zoster (Zostavax® II)	Shingles Herpes Zoster Vaccine	1/ 10				6571-2016-0/ 6571-2016-1

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
- CCH** – Cold Chain Incident – Human Error
- CCM** – Cold Chain Incident – Malfunction: Refrigerator/Freezer/Equipment
- CCP** – Cold Chain Incident – Power Outage
- CCT** – Cold Chain Incident – Temperature Breached in Transit
- DE** – Defective Product
- EX** – Expired Product
- DI** – Discontinued Product
- DP** – Damaged Product
- FC** – Facility Closure
- RP** – Recalled Product
- SV** – Suspected Vaccine Contamination