

# Expiring Vaccine and Vaccine Return Protocol

Chicago VFC Program

# Expiration dates are color coded



Vaccine	Expires ▲
ProQuad [MSD]	03/20/2018*
Pprevnar 13 [PFR]	03/31/2018*
BOOSTRIX [SKB]	04/15/2018*
HAVRIX-Peds [SKB]	04/24/2018*
ROTATEQ [MSD]	04/25/2018*
Fluarix, quadrivalent, preservative free [SKB]	05/30/2018*
Bexsero [SKB]	05/31/2018*
Pentacel [PMC]	06/22/2018*
Fluarix, quadrivalent, preservative free [SKB]	06/30/2018*
Fluzone Quadrivalent, pediatric [PMC]	06/30/2018*
Fluzone Quadrivalent, pediatric [PMC]	06/30/2018*
Pprevnar 13 [PFR]	08/31/2018*
DAPTACEL [PMC]	09/02/2018*
Varivax [MSD]	09/07/2018*
Engerix B-Peds [SKB]	09/09/2018*
Hep B, adolescent or pediatric	09/09/2018*
HAVRIX-Peds [SKB]	09/16/2018*
Pentacel [PMC]	10/09/2018*
Pentacel [PMC]	10/09/2018*
ROTATEQ [MSD]	10/12/2018*
Kinrix [SKB]	10/19/2018*
Kinrix [SKB]	11/10/2018



**Must notify Chicago VFC at least 90 days before vaccines expire**

**Expired**

**Expires within 89 days or less**

**Expires within 3-6 months**

**Expires beyond 6 months**

# Alert Chicago VFC of you have soon to expire doses



Send

To... ChicagoVFC;

Cc...

Subject: Provider C02018 - Expiring Vaccine

1 2 3 4

This is Izabella from Parkland Pediatrics. I just completed inventory and have the following vaccines that I do not believe we will use before they expire:

<u>Pentacel</u>	10 doses	expires 5/1/18	we will probably use 4 doses
<u>Havrix</u>	15 doses	expires 7/24/18	we will probably use 10 doses
MMR	40 doses	expires 12/1/18	we will probably use 15 doses

A  
B  
C

Providing notice to our office when you have inventory that expires in 90 days is required.

Gives Chicago VFC time to move the vaccine to another provider if applicable

# Submit a Vaccine Return Form



If Chicago VFC has determined you must return vaccine, submit this form to us via email

([chicagovfc@cityofchicago.org](mailto:chicagovfc@cityofchicago.org)) or fax (312-746-6220).

You must fill out required fields

For each vaccine return, you must list all pertinent details

Date: _____ VFC Plus PIN #: _____		Name of Clinic/Practice: _____		PHA: _____	
Street Address: _____		Suite/Room: _____		Zip Code: _____	
Contact Person: _____		Phone: ( ) _____		FAX: ( ) _____	
Provider Email: _____		Provider Signature: _____		Date: _____	
Vaccine/Manufacturer	Return Doses	NDC	Expiration Date	Lot Number	Unusable Spoiled/Expired
e.g. Infanrix / GSK	10	58160-0810-11	6/30/2013	U4147BA	A - J
Vaccine Manufacture	Abbreviations	Use the key below to identify the reason for returning vaccine			
Novartis	Nov	<b>A</b> Expired Vaccine	<b>G</b> Vaccine Recalled by Manufacture/VFC		
MedImmune	Med	<b>B</b> Failure to store properly upon receipt	<b>H</b> Refrigerator too Cold		
SanofiPasteur/AventisPasteur	SP or AVP	<b>C</b> Mechanical Failure (refrigerator broke)	<b>I</b> Refrigerator too Warm		
Merck	Mer	<b>D</b> Natural Disaster/Power Outage	<b>J</b> Vaccine spoiled in transit (frozen/warm)		
Glaxo-SmithKline	GSK	<b>E</b> Spoiled (Describe reason for spoilage)			
Pfizer	Pzr	<b>F</b> Other (Describe)			
<b>Steps to Return Spoiled/Expired Vaccine</b>					
1. Complete this form and <b>FAX</b> it to the VFC Immunization Program at <b>(312) 746-6220</b> .					
2. You will receive a return shipping label(s) from McKesson Specialty Distribution via U.S. Postal Service. (Contact 312-746-5385 if not received)					
3. Pack non-viable (spoiled/expired) vaccine in a box(s) (The vaccine <u>should not</u> be packed with ice packs or thermometers).					
4. Enclose the <u>original copy of this Return Form</u> in the box(s) with the spoiled/expired vaccine.					
5. Hand the labeled box(s) of expired vaccine to the UPS driver or drop the box(s) off at your nearest UPS store.					
6. If you have any questions, call the VFC Immunization Program at 312-746-5385.					

# UPS Quantum View

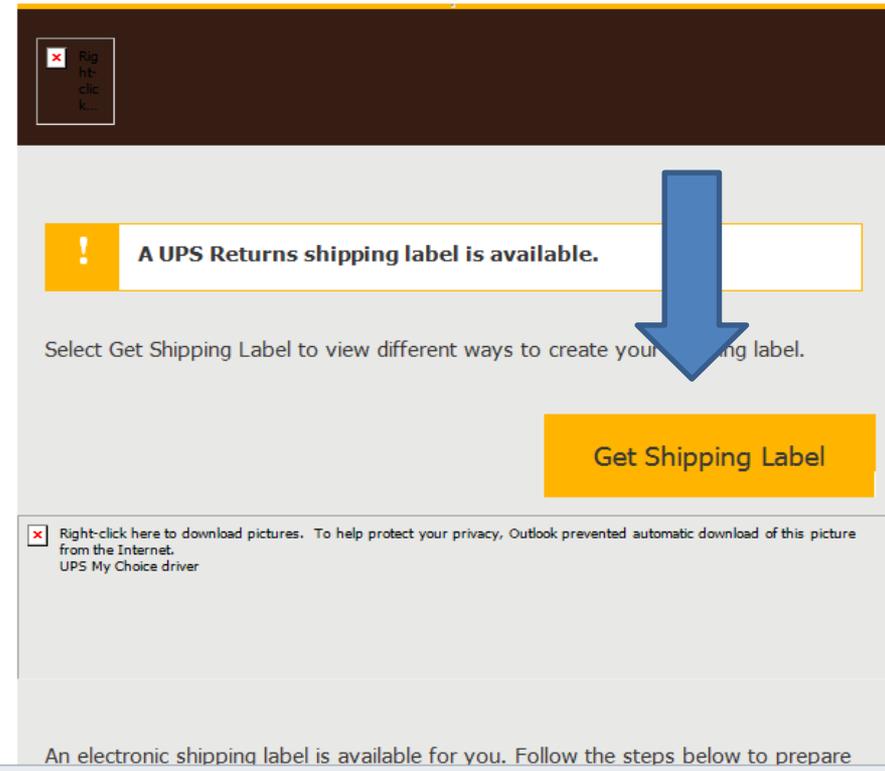
From: **UPS Quantum View <pkginfo@ups.com>**  
To: ChicagoVFC  
Cc:  
Subject: UPS Label Delivery, 1Z2R43839092635589

Once received, ChicagoVFC will process the form

Once processed, you will receive a shipping label from UPS via email

You will need to print the shipping label and proceed to packing up the expired vaccine and shipping it out

Do not ship any broken or hazardous material



**A UPS Returns shipping label is available.**

Select Get Shipping Label to view different ways to create your shipping label.

**Get Shipping Label**

Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.  
UPS My Choice driver

An electronic shipping label is available for you. Follow the steps below to prepare

# UPS Shipping Label



QUICK START ▾

Tracking ▾

Log In

Sign Up

Locations

 United States - English ▾

My Profile ▾

Search



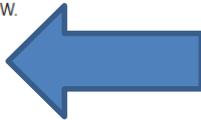
 Customer Service

## Label Your Package



Send it to your printer now.

Print Label



### Success

You are all set to schedule a pickup or drop-off at a UPS location near you.

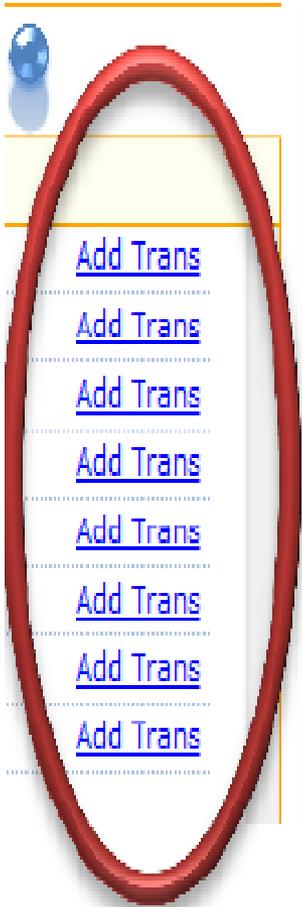


Send a barcode to your phone to be scanned at The UPS Store®.

Get Mobile Code

Once you have followed the link, select Print Label to generate and print the shipping label

# Mark Lot as expired in inventory



### Add a Transaction

**Clinic:** IMMUNIZATION PROGRAM AT WSCDC  
**Vaccine Group:** DTP,HBV,POL  
**Vaccine Name:** Pediarix  
**2. Lot Number:** AC21RJRRR  
**Expire Date:** 02/05/2016\*  
**Lot Type:** VFC  
**NDC:** 58160-0811-51

**Current Balance:** 20

**Transaction Type:** Expired/Spoiled (returned to McKesson) \*

**Waste Code:** Expired vaccine \*

**Quantity:** 20 \*

**Transaction Date:** 02/05/2016 \*

**Description:**

Once you have processed the return, you can adjust your inventory to reflect the expired vaccine you are returning