

**Chicago Vaccines for Children (VFC) Program  
Vaccine RETURN (Spoiled/Expired) Form**

**Return This Form To:  
Chicago Department of Public Health - Immunization Program  
2160 West Ogden Avenue Chicago, IL 60612  
FAX: 312-746-6220**

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	
		A Expired Vaccine	G Vaccine Recalled by Manufacture/VFC
Novartis	Nov	B Failure to store properly upon receipt	H Refrigerator too Cold
MedImmune	Med	C Mechanical Failure (refrigerator broke)	I Refrigerator too Warm
SanofiPasteur/AventisPasteur	SP or AVP	D Natural Disaster/Power Outage	J Vaccine spoiled in transit (frozen/warm)
Merck	Mer	E Spoiled (Describe reason for spoilage)	
Glaxo-SmithKline	GSK	F Other (Describe)	
Pfizer	Pzr		

**Steps to Return Spoiled/Expired Vaccine**

1. Complete this form and **FAX** it to the VFC Immunization Program at **(312) 746-6220**.
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 should not be packed with ice packs or thermometers).
4. Enclose the original copy of this Return Form 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.