State Purchased Vaccine Return Form

Date : _____ **VFC Pin :** _____

County Health Dept. : _____

District County HUB : _____

Person Completing Form : _____

State Purchased Vaccine Type	Manufacturer	Lot Number	Expiration Date	Total # of Doses Adjusted	Spoiled or Expired

Instructions :

* Remove expired/spoiled vaccine from fridge/freezer
* Adjust out inventory amount of State vaccine in OSIIS as spoiled or expired (Do not transfer)
* Complete form for STATE vaccine and process for return (Include all doses that were adjusted out in OSIIS)
* Return full boxes and/or vials only, autoclave any partial boxes or vials at site
* Please put spoiled or expired under last column
* Only include one vaccine, lot number, etc per line

If any of these apply, please mark below :

Lost or damaged in transit _____

Failure to store properly upon receipt _____

Refrigeration failure _____

Returned to OSDH in viable condition _____

Failure to monitor temp _____

Please return only State purchased vaccines on this form. Fax a copy of this form to the Oklahoma Immunization Program at 405-271-6133. Keep a copy for your files and send one with the returned vaccine to OSDH - Immunization Service at 1000 N.E. 10th St, Oklahoma City, OK 73117 (via courier if available). If you have any questions, please contact us at 405-271-4073.