

Return Vaccine Form (RVF) Instructions

The Return Vaccine Form is to be completed when your office has either wasted or expired vaccines. Complete the form by using the following instructions:

- 1) DATE: List the date you are completing the RVF
- 2) PIN NUMBER: Make sure you indicate your PIN number
- 3) PHONE: Please list your phone number or direct line if available
- 4) FAX: Please indicate your office fax number
- 5) CONTACT PERSON: Please indicate the person we need to speak with regarding the expired vaccine.
- 6) RETURN CODE REASON: Please use one of these codes in the chart on the RVF. Then complete the remaining sections of the chart. You need to list the vaccines, doses, manufacturer, lot number, and expiration date. If you use return codes 2-8, you will need to explain the reason for return in the box above the chart.
- 7) Please review the following page regarding "What Not to Return to McKesson" before returning any vaccine.
- 8) Fax a copy of this form to the Immunization Program immediately 1-888-558-1941.
- 9) Include a copy of this form with the vaccine you returning to McKesson
** You must dispose of your own private stock vaccine **
- 10) Keep a copy of the RVF for your records
- 11) If you have questions about completing this form call the VFC program at (304) 558-2188 or 1-800-642-3634