



**NEW MEXICO DEPARTMENT OF HEALTH, ADULT IMMUNIZATION PROGRAM  
ADULT VACCINE RETURN FORM**



**SEND COMPLETED FORMS TO:**  
 NM ADULT IMMUNIZATION PROGRAM  
 1190 ST. FRANCIS DRIVE SUITE S1260  
 SANTA FE, NM 87505  
 EMAIL: [Adult.Vaccines@state.nm.us](mailto:Adult.Vaccines@state.nm.us)  
 FAX: 505-827-1064

**FACILITY NAME:** \_\_\_\_\_ **PIN:** \_\_\_\_\_ **# OF BOXES TO BE SHIPPED:** \_\_\_\_\_

**SEND MY SHIPPING RETURN LABEL(S) VIA:** (SELECT ONE AND INDICATE THE CORRECT EMAIL OR ADDRESS)

**EMAIL**  
 \_\_\_\_\_

**POSTAL MAIL**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE REFER TO NM DOH PROTOCOLS FOR USE OF THESE VACCINES.  
 (INDIVIDUALS 19 YEARS AND OLDER WHO ARE UNINSURED/UNDERINSURED)**

**IF YOUR VACCINE INVENTORY IS IN NMSIIS, PLEASE SUBMIT THE VACCINE RETURN ELECTRONICALLY.**

REASON CODES: (USE ALL CODES THAT APPLY)		
1- EXPIRED	6- SPOILED IN TRANSIT	A- BROKEN VIAL/SYRINGE
2- NATURAL DISASTER/POWER OUTAGE	7- MECHANICAL FAILURE	B- LOST OR UNACCOUNTED FOR VACCINE
3- REFRIGERATOR TOO WARM	8- SPOILED	C- OPEN VIAL BUT NOT ALL DOSES ADMINISTERED
4- REFRIGERATOR TOO COLD	9- OTHER	D- VACCINE DRAWN INTO SYRINGE AND NOT ADMINISTERED
5- FAILURE TO STORE PROPERLY	10- RECALL	

DATE SUBMITTED	PREPARED BY	PHONE NUMBER

VACCINE	NDC	LOT NUMBER	EXPIRATION DATES EX. 03/31/2017	QUANTITY RETURNED	REASON RETURNED CODE

**FOR IMMUNIZATION PROGRAM USE ONLY**

FUND TYPE: \_\_\_\_\_  
 VACCINE REQUEST ID NUMBER: \_\_\_\_\_  
 TRANSACTION NUMBER: \_\_\_\_\_  
 DATE APPROVED/ENTERED: \_\_\_\_\_  
 AMOUNT: \$ \_\_\_\_\_

\_\_\_\_\_  
*Authorized by Adult Immunization Program*      DATE