



**NM VFC Expired Vaccine Return Form**  
*(to be used **only** for vaccine greater than six months past expiration date)*  
**FAX completed form to: 505-827-1064**



**NOTE:** Before attempting to complete this form please refer to the guidelines found in the [VFC Return Process for Inventory 6 months or more past expiration](#) document located on NMSIIS and/or the VFC website

Date: \_\_\_\_\_ VFC PIN: \_\_\_\_\_ VFC Facility Name: \_\_\_\_\_

Mailing *(not shipping)* Address/City/State/Zip Code: \_\_\_\_\_

Facility's Vaccine Coordinator: \_\_\_\_\_ Email address: \_\_\_\_\_

**DO** ship back vaccine doses for reason codes 1-10

**DO NOT** ship back *wasted* vaccine doses - reason codes A, C, and D

**Form Instructions:**

1. Enter Number of Doses returned, Expiration Date, and Reason Code for each Lot Number
2. Reason codes 1 - 10: Account for and return. *(see the bottom of page 2 for Reason Codes).*
3. Reason codes A, C, and D: Account for, but do NOT Return. Dispose of in Biohazard containers.
4. Enter the total number of doses at the bottom of the second page.

				<b>REQUIRED FIELDS - These columns must be completed for each item on this return</b>			
Vaccine Brand Name	Packaging	NDC	Manufacturer	Lot Number(s)	Number of Doses Returned	Expiration Date	Reason Code
DTaP <b>Daptacel</b>	(10 pk) 1 dose vial	49281-0286-10	Sanofi Pasteur				
DTaP <b>Infanrix</b>	(10 pk) 1 dose vial	58160-0810-11	GlaxoSmithKline				
	(10 pk) 1 dose syringe	58160-0810-52					
DTap-IPV <b>Kinrix</b>	(10 pk) 1 dose vial	58160-0812-11	GlaxoSmithKline				
	(10 pk) 1 dose syringe	58160-0812-52					
DTap-Hep B-IPV <b>Pediarix</b>	(10 pk) 1 dose syringe	58160-0811-52	GlaxoSmithKline				
DTap-IP-HI <b>Pentacel</b>	(5 pk) 1 dose vial	49281-0510-05	Sanofi Pasteur				
e-IPV <b>IPOL</b>	10 dose vial	49281-0860-10	Sanofi Pasteur				
Hepatitis A (Ped) <b>Vaqta</b>	(10 pk) 1 dose vial	00006-4831-41	Merck				
	(10 pk) 1 dose syringe	00006-4095-02					
Hepatitis A (Ped) <b>Havrix</b>	(10 pk) 1 dose vial	58160-0825-11	GlaxoSmithKline				
	(10 pk) 1 dose syringe	58160-0825-52					
Hepatitis B-18 only <b>Twinrix</b>	(10 pk) 1 dose syringe	58160-0815-52	GlaxoSmithKline				
Hepatitis B (Ped/Adol) <b>Engerix B</b>	(10 pk) 1 dose vial	58160-0820-11	GlaxoSmithKline				
Hepatitis B (Ped/Adol) Recombivax HB	(10 pk) 1 dose vial	00006-4981-00	Merck				
	(10 pk) 1 dose syringe	00006-4093-02					
Hib PedvaxHIB	(10 pk) 1 dose vial	00006-4897-00	Merck				
Hib ActHIB	(5 pk) 1 dose vial	49281-0545-05	Sanofi Pasteur				
HIBMENECY <b>MENHIBRIX</b>	(10 pk) 1 dose vial	58160-0801-11	GlaxoSmithKline				
HPV-9 valent <b>Gardasil 9</b>	(10 pk) 1 dose vial	00006-4119-03	Merck				



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Vaccine Brand Name	Packaging	NDC	Manufacturer	Lot Number(s)	Number of Doses Returned	Expiration Date	Reason Code
MENB <b>Trumenba</b>	(10 pk) 1 dose syringe	00005-0100-10	Pfizer				
MENB <b>Bexsero</b>	(10 pk) 1 dose syringe	46028-0114-01	GlaxoSmithKline				
	(1 pk) 1 dose syringe	46028-0114-02					
MCVA <b>Menactra</b>	(5 pk) 1 dose vial	49281-0589-05	Sanofi Pasteur				
MCVA <b>Menveo</b>	(5 pk) 1 dose vial	46028-0208-01	GlaxoSmithKline				
MMR <b>M-M-R II</b>	(10 pk) 1 dose vial	00006-4681-00	Merck				
MMR/Varicella <b>ProQuad</b>	(10 pk) 1 dose vial	00006-4171-00	Merck				
PCV <b>Prenar 13</b>	(10 pk) 1 dose syringe	00005-1971-02	Pfizer				
PPSV <b>Pneumovax 23</b>	(10 pk) 1 dose vial	00006-4943-00	Merck				
RV <b>RotaTeq</b>	(10 pk) 1 dose tube	00006-4047-41	Merck				
	(25 pk) 1 dose tube	00006-4047-20					
RV <b>Rotarix</b>	(10 pk) 1 dose vial	58160-0854-52	GlaxoSmithKline				
Td <b>Tenivac</b>	(10 pk) 1 dose syringe	49281-0215-15	Sanofi Pasteur				
	(10 pk) 1 dose vial	49281-0215-10					
Tdap <b>Boostrix</b>	(10 pk) 1 dose vial	58160-0842-11	GlaxoSmithKline				
	(10 pk) 1 dose syringe	58160-0842-52					
Varicella <b>Varivax</b>	(10 pk) 1 dose vial	00006-4827-00	Merck				
<b>2016-17</b> Influenza <b>Fluzone Quadrivalent</b> (6-35 mo) PF	(10 pk) 1 dose syringe	49281-0516-25	Sanofi Pasteur				
<b>2016-17</b> Influenza <b>Fluzone Quadrivalent</b> (6 mo-18 yrs)	(10 pk) 1 dose vial	49281-0625-15	Sanofi Pasteur				
<b>2016-17</b> Influenza <b>Fluarix</b> (36 mos & older; Quad) PF	(10 pk) 1 dose syringe	58160-0905-52	GlaxoSmithKline				
<b>2016-17</b> Influenza <b>Fluzone Quadrivalent;</b> 36 mos & older, PF	(10 pk) 1 dose syringe	49281-0416-50	Sanofi Pasteur				
<b>2016-17 SKIP</b> Influenza <b>FlucelvaxQuad</b> , 4-18 yr PF	(10 pk) 1 dose syringe	70461-0200-01	Novartis				
<b>Total Number of Doses returned:</b>							

**Reason Codes**

<b>1.</b> Expired <b>2.</b> Power outage/natural disaster <b>3.</b> Refrigerator too warm <b>4.</b> Refrigerator too cold <b>5.</b> Failure to store properly upon receipt	<b>6.</b> Spoiled in transit <b>7.</b> Mechanical failure <b>8.</b> Spoiled on site <b>9.</b> Vaccine recall	<b>10.</b> Other (explain fully):	<b>A.</b> Broken vial/syringe <b>B.</b> Lost or unaccounted for vaccine <b>C.</b> Open vial but not all doses administered <b>D.</b> Vaccine drawn into syringe but not administered
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**FOR VFC STAFF ONLY:**

TSR?    Yes    No

VTckS Return ID:

Date: