



# Vaccine Return Form

TO: Huron Perth Public Health  
1-888-221-2133

FROM: \_\_\_\_\_  
(Physician/Clinic/Facility Names)

PHONE: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_

\* Please fill out each column in full \*

VACCINE NAME	# OF DOSES	LOT #	EXPIRY DATE	REASON FOR RETURN	IF COLD CHAIN INCIDENT, LIST DATE OF EXPOSURE

### Reason for Return Codes:

- EX - Expired Product
- DE - Defective Product
- DP - Damaged Product
- SV - Suspected Vaccine Contamination
- CCE - Cold Chain Incident-Emergency/Natural Disaster
- CCH - Cold Chain Incident-Human Error
- CCM - Cold Chain Incident-Malfunction: Refrigerator/Freezer/Equipment
- CCP - Cold Chain Incident-Power Outage
- CCP - Cold Chain Incident-Temperature Breached in Transit
- EQ - Excessive Quantity
- RP - Recalled Product
- FC - Facility Closure
- DI - Discontinued Product

May 2022

**THIS FORM MUST ACCOMPANY ALL RETURNS OF VACCINE TO HURON PERTH PUBLIC HEALTH**



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