Return Vaccine Form
West Virginia Division of Immunization Services
Phone (800) 642-3634 Fax: 1-304-957-7591

Date: ____________________        Pin Number: ____________________

Provider Name: ________________________________________________________

Phone #: ____________________  Fax #: _________________________________

Contact Person: ________________________________________________________

Return Reason Codes:
1. Expired
2. Natural Disaster/power outage
3. Refrigerator temperature too warm
4. Refrigerator temperature too cold
5. Failure to store properly upon receipt
6. Vaccine spoiled in transit
7. Mechanical Failure
8. Spoiled
9. Other

*Required Vaccine Information*

PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>Return Code</th>
<th>Vaccine</th>
<th>Doses</th>
<th>Manufacturer</th>
<th>Lot #</th>
<th>Syringe or Vial</th>
<th>Expiration Date</th>
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Explanation of 9 - Other, if applicable

Return only State-Supplied Vaccines

You must dispose of your private stock yourself. Fax a copy of this form to the Division of Immunization Services at 1-304-957-7591. McKesson recommends that you keep one or two empty shipping boxes for expired vaccine returns. Please recycle any additional boxes that you receive.