

VTRCKS RETURN ID

VACCINE RETURN – REQUEST FOR AUTHORIZATION TO RETURN

GRANTEE: WISCONSIN

Date	No. of shipping boxes to be returned
Pin Number(Provider PIN number can be found on a McKesson's Packing List, starts with "WIA")	
Provider Name	
Address	
Telephone No.	Fax No.
Contact Person - Name	Email Address of Contact Person (required)
Return Reason Codes: Indicate in the Return Code box, on each line 1 – Expired 2 – Natural Disaster 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 _____	
Explanation of 2 thru 9 if applicable:	

***Required Vaccine Information - You must use the NDC No. from the BOX, not the VIAL.**

Return Code	*NDC No.	Vaccine	No. Doses	Manufacturer	Lot No.	Exp. Date

1. Return only state supplied vaccines to McKesson. You are responsible for the disposal of your private stock.
2. Partial vials are not returnable.
3. Fax a copy of this form to the Wisconsin Immunization Program at (608) 267-9493.
4. The VTRCKS Return ID Number will be emailed to you; after all required information is entered into our system.
Remember, you cannot add or remove any vaccine to a finalized return.
5. Wait to receive a McKesson envelope containing a return shipping label.
6. Keep a copy of this form for your files.

HOW TO RETURN STATE-SUPPLIED VACCINE

- All state-supplied vaccine that is expired or spoiled must be returned to McKesson, this includes influenza vaccine.
- Remove expired/spoiled vaccine from the refrigerator unit and label “**Do Not Use.**”
- Do not include vaccine that is wasted. Wasted vaccine is a vaccine that is in a multi-dose vial with doses removed, a broken vial, or a dose that was drawn and not used. Do **NOT** return these vaccines to McKesson, these vaccines should be properly disposed of and reported via the “wastage form” which is in the Resource Guide.
- Complete the Vaccine Return – Request for Authorization. **It is critical that all information provided on this form is accurate, especially the information pertaining to the vaccine NDC number of doses. The NDC number is located on the box, not the vial.** Fax the completed form to the Immunization Program at (608) 267-9493. Do not fax the same request more than once, this may result in multiple processing times and will cause the Immunization Program and McKesson unnecessary work.
- When the Vaccine Return– Request for Authorization is faxed to the Immunization Program, it will be
 - 1) entered into the VTrcks system (*Note, this could take approximately two to three weeks*),
 - 2) assigned a VTrcks Return ID number, and
 - 3) the return authorization number will be emailed to the contact email address listed on the form.
- When you receive, the *VTRCKS RETURN ID NUMBER*, write that number on your copy of the Vaccine Return – Request for Authorization. Put a copy of the completed form inside the shipping container/box with the vaccine. **NOTE: DO NOT add OR remove vaccine or doses from this return container/box.** If the vaccine or dose amounts do not match exactly what is listed on the Vaccine Return – Request for Authorization, McKesson will refuse the return and it will be returned to you.
- A return shipping label will be provided. If your contact information is up-to-date in the Wisconsin Immunization Registry, we will be able to request your label via email. If the contact information does not match, you will receive your return label via mail, from McKesson.
- No ice packs are required (non-viable vaccine).
- Do not contact UPS directly or you can incur a non-refundable pickup fee.
- If you have questions, please contact Ashley Meyer via email Ashley.Meyer@dhs.wisconsin.gov or call (608) 266-2346.