

VTRCKS RETURN ID

Vaccine Return – Request for Authorization to Return

Grantee: Wisconsin      Please allow 2-3 weeks for processing.

Once the form has been submitted you may not make any changes to the return form.

Date	
PIN (Required; Provider PIN can be found on a McKesson’s Packing List, starts with “WIA”)	
Organization/Site name	
Address (Street address, city, state, ZIP code)	
Phone number	
Contact person - Name	Contact email (required) (40 characters max. allowed)
<b>Return Reason Codes: Indicate in the Return Code box, on each line</b> <div><div>1 – Expired 2 – Natural disaster 3 – Refrigerator temperature too warm 4 – Refrigerator temperature too cold</div><div>5 – Failure to store properly upon receipt 6 – Vaccine spoiled in transit 7 – Mechanical failure 8 – Spoiled 9 – Other_____</div></div>	
Explanation of 2 thru 9 if applicable:	

\*Required vaccine information\* - You must use the NDC Number from the box, not the vial.

Return code	*NDC number	Vaccine	Number of doses	Manufacturer	Lot number	Expiration date

1. Return only state supplied vaccines to McKesson. You are responsible for the disposal of your private stock.
2. Email a copy of this form to [VFC@DHS.WI.GOV](mailto:VFC@DHS.WI.GOV) or Fax a copy of this form to the Wisconsin Immunization Program at (608) 267-9493.
3. McKessons return label will come from [pkginfo@ups.com](mailto:pkginfo@ups.com).The label will not be attached to the email. The provider will click on the box stating, “Get Shipping Label”. The provider will then click the box “Print Label” to retrieve the label.

**Use this form to report all nonviable VFC/VFA vaccine doses to return.**

Return only state supplied vaccine that is expired, recalled, or exposed to out-of-range temperatures in its original vial or pre-filled syringe should be returned to McKesson Specialty Distribution within six months of expiration.

1. It is critical that all contact information is accurate, confirm you are using **the NDC number that is located on the box, not the vial**. If the vaccine or dose amounts do not match exactly what is listed on the vaccine return form McKesson may refuse the return, and it may be returned to you.
2. List the vaccine information and the reason the vaccine is nonviable – refer to vaccine return reason codes.
3. Pack the vaccine to protect it from breakage (no ice packs required).
4. Send a copy of the completed form to VFC via email at [vfc@dhs.wi.gov](mailto:vfc@dhs.wi.gov) or you may fax to (608) 267-9493. **Do not email or fax the same request more than once, this may result in multiple processing times. Once the form has been submitted you may not make any changes to the return form, if you have additional vaccines to return you must complete a new form.**
5. 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.** You are required to keep a copy for your records for 3 years.
6. A return shipping label will be provided **via the following email** [pkginfo@ups.com](mailto:pkginfo@ups.com) we recommend adding this email to your contacts to avoid going to spam/junk folder. Return label is valid for 30 days from date issued.
7. If you have questions, please contact [vfc@dhs.wi.gov](mailto:vfc@dhs.wi.gov)

Never store spoiled or expired vaccine in the storage unit. The vaccine should be removed immediately and stored outside the unit until the vaccine is returned.

**Returnable Nonviable vaccine in its original vial or syringe to report for return includes:**

- Expired vaccine.
- Vaccine recalled by the manufacturer.
- **If doses are part of a delivery issue, contact VFC@DHS.WI.GOV before filling out form.**
- Vaccine that is nonviable due to exposure to out-of-range temperatures. For spoiled vaccine, you must adjust your inventory in WIR, and submit a temperature excursion form.
- **Do not return any vaccine as “expired vaccine” before its expiration date.** Including influenza vaccine unless it was short dated by the manufacturer.

**Non-Returnable/Wastage: Nonviable vaccine to report for wastage and disposal at your site includes:**

- Open multidose vials are nonreturnable. Examples: IPOL, COVID, FLU.
- **Note: IPOL (multi-dose vial) – IPOL may be used through the expiration date printed on the label if the vaccine is not contaminated. If the multi-dose vial is opened when the vaccine expires, it cannot be returned. Please dispose of the vial according to your clinic’s policy and report the remaining doses to the program using the Vaccine Wastage Form.**
- Vaccine drawn into the syringe but not administered. **Report as wastage in WIR.**
- Vaccine in open vial but doses not administered. **Report as wastage in WIR.**
- Compromised vial (for example, due to a drop causing damage to vial integrity or sterility), broken vial, or lost vial. **Report as wastage in WIR.**