

WASTED VACCINE RECORD

Use this form to record and report vaccine that is disposed of according to the guidelines for disposal. Email or fax the completed form in the same month recorded.

Do **NOT** use this form to record vaccine returned to McKesson. Do **NOT RETURN** syringes unless prefilled by manufacturer.

Returning VFC vaccines that are not usable is very important for our accountability to the Centers for Disease Control and Prevention (CDC) National Immunization Program.

VFC PIN

Facility - Name Telephone (include area code)

Facility Address (include, city, state and zip)

Contact - Name Contact Email

Use any one of the following codes to describe the reason why the vaccine has been wasted.

*Reason Code: 9 – broken vial/syringe, 10 – Lost or unaccounted syringe,
11 – Open vial not all doses administered, 12 – Vials drawn into syringes but not administered,
13 – Other

Non-Viable Vaccine (Brand Name)	Manufacturer	NDC Number – Located on Box	Expiration Date	No. Wasted Doses	*Reason Code	Other (explain)