



# VFC Vaccine Return Form



<b>Date:</b>	<b>Pin #:</b>	<b>Site/Facility/Provider Name:</b>
<b>Address:</b>		
<b>Phone #</b>	<b>Fax #</b>	<b>Contact Person:</b>

Please check the appropriate box below. Also, check here if a return label is needed. \_\_\_\_\_

<input type="checkbox"/>	1. Expired	<input type="checkbox"/>	6. Vaccine spoiled in transit
<input type="checkbox"/>	2. Natural Disaster/power outage	<input type="checkbox"/>	7. Mechanical failure
<input type="checkbox"/>	3. Refrigerator temperature too warm	<input type="checkbox"/>	8. Spoiled (Specify)
<input type="checkbox"/>	4. Refrigerator temperature too cold	<input type="checkbox"/>	9. Other (Specify)
<input type="checkbox"/>	5. Failure to store properly upon receipt	<input type="checkbox"/>	

Explain:

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### Required Vaccine Information:

Vaccine	# of Doses	Manufacturer	Lot #	Expiration Date

- **Return only VFC Vaccines**
- Return vaccines to McKesson Specialty, not to the NM VFC Program.
- Request a prepaid return shipping label by checking the box above, or by calling (505) 827-2415 or (505) 827-2147. See NM VFC FAQs for more information.
- Fax a copy of this form to the NM VFC Program: (505) 827-1064.
- Be sure to enclose a copy of this form in the box with the expired or nonviable vaccines being shipped to McKesson, plus keep a copy for your files.