McKesson Vaccine Return Form

Idaho Vaccine Returns

Date:	PIN:
Contact Name:	Office Name:
Phone: (208)	Fax: (208)

Include a copy of this form with returned vaccines

Vaccine compromised in:	Shipment	Temperature Incident	Exceeded expiration date

If vaccine was compromised during shipment complete the McKesson Return Form. If the vaccine was compromised during a temp. incident complete the McKesson return Form and Temp Incident/Wasted Report.

Vaccine Type	Manf.	Lot #	NDC#	# Doses	Expiration Date	Reason Wasted	Vial, Syringe

Signature: _____ Position: _____

Printed Name: _____

IIP Contact Information
Phone: 208.334.5931 or 800.554.2922
Fax: 208.334.4914
Email: IIP@dhw.idaho.gov

McKesson Address:
McKesson Speciality Distribution
4853 Crumpler Rd
Memphis, TN 38141

If vaccine was compromised during shipment: Please enclose a copy of the completed McKesson Return Form in the returned McKesson vaccine shipping container and send a copy of the completed form to the IIP via email, or fax . If vaccine was compromised due to a temperature incident: Please complete both the McKesson Return Form and the Temperature/Wasted Vaccine Report, enclose a copy of the forms in the McKesson vaccine shipping container as well as submit a copy of the forms to the IIP via email or fax.

Idaho Immunization Program

IDAHO DEPARTMENT OF HEALTH & WELFARE

Temperature Incident/ Wasted Vaccine Report

Office Name: _____

Storage Requirements
Refrigerator: 2-8º C or 35-46º F
Freezer: 14º C or 5º F or colder (Varicella)

Time and Date of temperature incident:
Reason vaccine was wasted:
Corrective actions taken:
Thermometer information: Date battery was changed:
Type:
Refrigerator Information:
Freezer Information:
Manufacturer recomendatons:

Idaho Immunization Program

IDAHO DEPARTMENT OF HEALTH & WELFARE