

**\*Only use this form if you do not use the NCIR!**  
 (NCIR-North Carolina Immunization Registry)

**WASTED/EXPIRED VACCINE REPORT**

VTreks ID _____
Vaccine Return ID # _____

(For Immunization Branch Use)

Provider Name \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Reporting \_\_\_\_\_

Is your facility on a standard UPS Route?  Yes  No

Fax Number \_\_\_\_\_

**Please return all unopened wasted/expired vaccines to McKesson. Do not return drawn vaccine or open multi-dose vials. See reverse for further instructions.**

VACCINE TYPE	DOSES TO BE RETURNED	DOSES DISPOSED OF AT FACILITY	TOTAL DOSES WASTED	REASON WASTED	DATE WASTAGE OCCURRED	MANUFACTURER NAME	LOT #	EXPIRATION DATE
EXAMPLE EIPV	1 vial x 10 doses = 10	3 doses	13 doses	Tray fell on the floor and vials broke. Vaccine disposed of at facility.	2/23/14	Aventis	T0697-2	7/3/14

Document below what precautions your agency is taking to ensure that vaccine will not be wasted in this manner in the future.

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**Purpose:** To provide a generic method for immunization providers to report wasted/expired vaccine to the North Carolina Immunization Branch.

**Preparation:** The following steps need to be followed in order to return wasted/expired vaccine:

1. **Complete all information requested on this form:**
  - indicate in **DOSES TO BE RETURNED** column the # of doses being returned;
  - indicate in **DOSES DISPOSED OF AT FACILITY** column the # of doses disposed of at facility.
2. **Send report to NC Immunization Program at 1-800-544-3058 or you may email to [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov).**
3. **Wait for faxed or emailed wasted/expired vaccine report with VTckS ID and Vaccine Return ID from Immunization Program, this will take 1-2 business days.**

**Distribution:** After you have completed steps 1-3 you will then complete the following steps:

4. **Once you have received the faxed or emailed wasted/expired report from the Immunization Program with your VTckS and Vaccine Return ID's, you will place the form with the vaccine to be returned (cold packs not needed) inside any box that you may have received vaccines in.**

**You can reuse vaccine boxes that are from McKesson Specialty Distribution. The vaccines are to be returned to McKesson Specialty Distribution. Return only spoiled or expired vaccine in its original vial or prefilled syringe. NEVER ship USED syringes or a syringe not pre-filled by the manufacturer.**

5. **Wait for shipping labels from McKesson – which the Immunization Program will have sent to your facility, this will take 7-10 business days.**
7. **If on standard UPS route give vaccine to driver once label has arrived.**
8. **If not on UPS route – McKesson will schedule a pick-up for the vaccine with UPS automatically.**

**Disposition:** Retain a copy of the completed form for three years or destroy when agency need ends.

**Reordering:** User may copy form as needed.

If you have vaccine you can not use before its expiration date, call us at least four (4) months prior to the expiration date. **Do not return viable vaccine.**  
Call 1-877-873-6247 if you have any questions.