



BIOLOGICALS RETURN AND REDISTRIBUTION REQUIREMENTS FORM

NOTE: A RETURN MUST BE CREATED IN PANORAMA OR THE FIELD RETURN FORM (<http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management>) MUST BE SUBMITTED TO THE BIOLOGICALS DESK FIRST. THE DESK WILL THEN CONTACT YOU TO ADVISE ON THE COMPLETION OF THIS FORM.

RETURNING OFFICE: _____ DATE: _____

ADDRESS: _____

_____ FAX: (____) _____

CONTACT PERSON: _____ TEL: (____) _____

ALL OF THE FOLLOWING CRITERIA MUST BE MET FOR PRODUCT(S) TO BE CONSIDERED ELIGIBLE FOR RETURN TO AND REDISTRIBUTION FROM THE DELTA VACCINE DISTRIBUTION CENTRE. **PRODUCTS MUST BE RETURNED VIA REFRIGERATED TRUCK (REEFER).**

- The cold chain was maintained between +2°C and +8°C for these products, throughout their storage at the site.
- Products were received directly from BCCDC/Delta Vaccine Distribution Centre and were maintained at all times at the site with no transfer from/to other site(s) prior to being shipped back to the Vaccine Distribution Centre.
- Products are in their original packaging, sealed, unopened and unused states.
- Products were stored in a safe and secure location with no public access.
- The refrigerator temperature was logged at the start and end of each business day.
- The products have at least 3 month dating before the expiry date is reached.

I have checked off all of the boxes and to the best of my knowledge confirm all of these conditions have been met:

Signature of Biological Products Monitor

Date

Signature of Biological Products Consultant

Date

Enclose the two-signatory copy of this form with the surplus vaccines.

Enclose a temperature monitoring device with the vaccines. The monitors and reefer pick ups can be arranged prior to shipment by contacting the BCCDC Biologicals Desk at telephone: (604) 707-2582.

OFFICE USE ONLY → Field Return Report - Reference number _____