

## BIOLOGICALS RETURN AND REDISTRIBUTION REQUIREMENTS FORM

**NOTE: A FIELD RETURN FORM** (<http://www.bccdc.ca/imm-vac/ImmunizationVaccinesResources/guideform/default.htm>) **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 BCCDC PHARMACY. 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 and were maintained at all times at the site with no transfer from/to other site(s) prior to being shipped back to BCCDC.
- 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.

**BCCDC USE ONLY** → Field Return Report - Reference number \_\_\_\_\_