

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 _____