COVID-19 VACCINE REDISTRIBUTION FORM  
(for vaccine stored in a standard freezer)

Instructions:
- Complete this form and fax it to BCCDC to receive authorization for return.
- Once authorization is received via email or phone, you may return the surplus vaccines.
- Please enclose the signed copy of this form with the surplus vaccines.

RETURNING OFFICE: ___________________________ DATE: __________________

ADDRESS: ____________________________________________________________
____________________________________ FAX: (_____)________________

CONTACT PERSON: ___________________________ TEL: (_____)________________

THE FOLLOWING CRITERIA MUST BE MET FOR VACCINE(S) TO BE CONSIDERED ELIGIBLE FOR RETURN TO BCCDC VACCINE DISTRIBUTION CENTRE

- [ ] The temperature was maintained between -15°C and -25°C for these products, throughout their storage at the site.
- [ ] Products were stored in a safe and secure location with no public access.
- [ ] The freezer temperature was logged at the start and end of each business day.
- [ ] Only full, sealed cartons are being returned.
- [ ] Only full, unpunctured vials are being returned.

Vaccine: ____________________________________________

Number of Doses: _________

Lot Number: ________________

Expiry Date: ________________

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 Manager ___________________________ Date ______________________