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

___________________________
Name of Manager (Please print)

OFFICE USE ONLY ➔ Field Return Report - Reference number ____________