COVID-19 VACCINE REDISTRIBUTION FORM  
(for vaccine stored in a ULT 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 -60°C and -90°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 ____________