

**FIELD RETURN FORM**

**Health Unit:**

**Address:**

**Phone:**

**Fax:**

REASON CODES:		'RETURNED FROM' CODES:
A - Cold chain incident: power outage	G - Wrong product shipped by BCCDC or requested by Health Unit	DR: Doctor's Office
B - Cold chain incident: equipment malfunction	H - Product recall by manufacturer	FN: First Nation
C - Cold chain incident: handling error	I - Annual influenza harvest	HU: Health Unit
D - Damage to product	J - Cold chain incident: in transit BCCDC to Health Unit	Pharm: Pharmacy
E - Expired product	K - Cold chain incident: in transit within HA	Other: Other provider
F - Surplus (for BCCDC redistribution)*		

\*If F code, product must be returned under cold chain conditions with this Field Return Form and Biologicals Return Requirements Form as per: Communicable Disease Manual.  
[http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Pharmacy/Biologicals\\_return\\_and\\_redistribution\\_requirements\\_form.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Pharmacy/Biologicals_return_and_redistribution_requirements_form.pdf)

VACCINES AND BIOLOGICALS	LOT NUMBER	EXPIRY DATE (YYYY/MM/DD)	REASON	RETURNED FROM	DOSES
DTaP-HB-IPV-Hib, Infanrix Hexa					
DTaP-IPV-Hib, Pediacel					
DTaP-IPV-Hib, Infanrix-IPV/Hib					
DTaP-IPV, Quadracel					
DTaP-IPV, Infanrix-IPV					
Haemophilus B Conjugate, ActHIB					
Haemophilus B Conjugate, Hiberix					
Hepatitis A, Pediatric, Vaqta					
Hepatitis A, Adult, Vaqta					
Hepatitis A, Pediatric, Havrix 720					
Hepatitis A, Adult, Havrix 1440					
Hepatitis A, Pediatric, Avaxim					
Hepatitis B, Pediatric, Recombivax HB					
Hepatitis B (Renal/Kidney Dialysis), Recombivax HB					
Hepatitis B, Adult, Recombivax HB					
Hepatitis B, Pediatric, Engerix B					
Hepatitis B, Adult, Engerix B					
HPV, Gardasil (4 valent)					
HPV, Gardasil 9 (9 valent)					
HPV, Cervarix					
Immune Serum Globulin, GamaSTAN					
Inactivated Polio, Imovax Polio					
Influenza, Agriflu					
Influenza, Flulaval Tetra					
Influenza, Flumist Quadrivalent					
Influenza, Fluviral					
Influenza, Fluzone Quadrivalent					
Influenza, Influvac					
Measles, Mumps, Rubella, MMR II					
Measles, Mumps, Rubella, Priorix					
Measles, Mumps, Rubella, Varicella, Priorix-Tetra					
Measles, Mumps, Rubella, Varicella, ProQuad					
Meningococcal C Conjugate, NeisVac-C					
Meningococcal Conjugate A/C/Y/W-135, Menveo					
Meningococcal Conjugate A/C/Y/W-135, Nimenrix					
Pneumococcal Conjugate, Prevnar 13					
Pneumococcal Polysaccharide, Pneumovax 23					
Rabies Immune Globulin, HyperRAB					
Rabies Immune Globulin, Imogam Rabies					
Rabies, Imovax Rabies					
Rabies, RabAvert					
Rotavirus, Rotarix					
Rotavirus, RotaTeq					
Td Adsorbed					
Td/IPV Adsorbed					
Tdap, Adacel					
Tdap, Boostrix					
Tdap-IPV, Adacel-Polio					
Tdap-IPV, Boostrix-Polio					
Tetanus Immune Globulin, HyperTET					
Varicella, Varivax III					
Varicella, Varilrix					
Tuberculin Skin Test, Tubersol					
Other:					
Other:					
Other:					

Fax Form to: 604-707-2581

**Name of Biological Products Monitor:**

Delta Vaccine Distribution Centre  
 Unit 10, 7510 Hopcott Road  
 Delta BC V4G 1B6

Email: [biologicals@bccdc.ca](mailto:biologicals@bccdc.ca)  
 Phone: 604-707-2582

All returns must be free of needles.  
 If attached, discard locally in sharps containers.

BCCDC Use Only	Return Processed by: (Initials)	Process Date: (YYYY/MM/DD)	Authorization Number:

This form available at: <http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management>