

# VACCINES FOR CHILDREN (VFC) PROGRAM

## RETURN OR TRANSFER OF VFC VACCINES REPORT



**Instructions:**

1. Please print or type. Complete this form and then fax (toll-free) a copy to the VFC Program at 877-FAXX-VFC (877-329-9832).
2. Make a copy of this form for your records. Enclose the original copy of the form in the package with the non-viable or expired vaccines you are returning to the VFC Program. You may use a postage-paid container in which you receive your normal vaccine shipments.
3. McKesson Specialty does not accept viable vaccine returns directly from VFC providers. Please contact the VFC Program for instructions and approval of viable vaccine returns.
4. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed".
5. Do not return viable vaccine to the VFC Program without prior approval of the VFC Program.

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		PIN
MAILING ADDRESS (NUMBER/STREET)		COUNTY
CITY		DATE
CONTACT PERSON		TITLE
TELEPHONE NUMBER		FAX NUMBER
ZIP CODE		

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	FOR STATE USE ONLY			COMMENTS
						VACCINE RECEIVED IN GOOD CONDITION?			
						YES	NO	N/A	

**TRANSACTION CODES**—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
<b>1</b>	<b>Viable Vaccine— Transferred to Another VFC Provider</b>	NAME	PIN	TELEPHONE	You need the prior approval of the VFC Program to transfer VFC vaccine to another VFC provider.
<b>2</b>	<b>Viable Vaccine— Received from Another VFC Provider</b>	NAME	PIN	TELEPHONE	
<b>3</b>	<b>Spoiled Vaccine— Returned to the VFC Program</b>	Return vaccine to: <i>McKesson Specialty Distribution Center 3775 Seaport Blvd. West Sacramento, CA 95691 Attn: Randy Mohring</i>			You must send the VFC Program, with this report, a letter detailing the events (e.g., power outage) that resulted in spoiled vaccine.
<b>4</b>	<b>Expired Vaccine— Returned to the VFC Program</b>				