

Monthly Vaccine Wastage Report



1. Submit this report to the SD Immunization Program by the 5th of each month. Please list the wastage in the correct section.
2. SECTION 1—Report vaccine wastage that needs to be returned to McKesson.
3. SECTION 2—Report vaccine wastage that cannot be returned to McKesson.

Date: ____/____/____ Facility Name: _____ VFC Provider Number: _____

Person Submitting Report: _____ Contact Phone: () _____ - _____

I DO NOT HAVE WASTAGE TO REPORT THIS MONTH: (If checked, stop here and submit form.)

SECTION 1: VACCINE WASTAGE ELIGIBLE TO RETURN TO MCKESSON (See reason codes below to determine eligibility.)

How would you like to receive your packing slip? E-mail Fax E-mail / Fax: _____

How many shipping boxes will need return labels? _____

Name of Vaccine	# of Doses	NDC Number	Manufacturer	Lot Number	Expiration Date MM/DD/YY	Reason Code*

Itemized Packing Slip: Once this form has been received and reviewed, the Vaccine Management Specialist will fax or email a packing slip of returnable wastage. The packing slip must be included inside the box of returnable wastage back to McKesson Specialty. The provider must retain a copy of the packing slip.

Mailing Labels: The Vaccine Management Specialist will notify McKesson Specialty that the provider intends to return vaccine wastage. McKesson will send the appropriate number of mailing labels to the provider to be affixed to the packages for shipment back to McKesson. Contact the Immunization Program if mailing labels do not arrive within two weeks. DO NOT contact McKesson. DO NOT resubmit form.

Revised 04/10/2017

- REASON CODES***
- | | |
|---|--|
| 1. Expired Vaccine | 5. Refrigerator / Freezer temperature too warm |
| 2. Natural Disaster or Power Failure | 6. Vaccine Spoiled in Transit |
| 3. Failure to store properly upon receipt | 7. Mechanical / Unit Failure |
| 4. Refrigerator temperature too cold | 8. Recall |
| | 9. Spoiled / Other, Specify: _____ |

SECTION 2: VACCINE WASTAGE NOT ELIGIBLE TO RETURN TO McKESSON (See reason codes below to determine eligibility.)

Name of Vaccine	# of Doses	NDC Number	Manufacturer	Lot Number	Expiration Date MM/DD/YY	Reason Code*

Submit the completed form by the 5th of each month to:

Fax: (605) 773 - 4113

OR

South Dakota Department of Health

Attn: Immunization Program

615 E. 4th St.

Pierre, SD 57501

REASON CODES*

10. Broken vial/ Syringe

14. Other (specify):

11. Lost or unaccountable vaccine

12. Open multi-dose vial but not all doses are administered

13. Vaccine drawn into syringe, but not administered

If you have questions regarding this report, call the Vaccine Management Specialist at (605) 773 - 4963.

Keep a copy of this form for your records per South Dakota Immunization Program Policy #10 - Record Retention.

Revised 04/10/2017