STATE OF KANSAS
VACCINES FOR CHILDREN
WASTED VACCINE RETURN FORM

MONTH REPORTED ON MIR:
VFC PIN#:
PROVIDER NAME:
CONTACT NAME/PHONE NUMBER:
EMAIL ADDRESS:
CHECK IF REQUESTING RETURN LABEL: ☐
CHECK IF ON A REGULAR UPS ROUTE: ☐

*Note: Please DO NOT return opened vials or syringes unless they are pre-filled by manufacturer.*

| DATE | VACCINE | NDC | LOT | EXP DATE | # DOSES | FUND TYPE | REASON FOR WASTE (Listed Below) |
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1. Expired
2. Failure to store properly upon receipt
3. Mechanical Failure
4. Natural Disaster/Power Outage
5. Recall
6. Refrigerator too Cold
7. Refrigerator too Warm
8. Spoiled
9. Vaccine Spoiled in Transit (freeze/warm)
10. Broken Vial/Syringe
11. Lost or Unaccounted-for Vaccine
12. Open Vial with Doses Not Administered
13. Vaccine Drawn into Syringe and Not Administered
14. Other

FUND TYPES: 317 CHIP STATE VFC

Complete this form for all wasted and/or expired vaccines and submit a copy to the Kansas Immunization Program (KIP) in the month of the waste. Fax or Email "Wasted Vaccine Return Form" to the KIP (See info below).

Vaccine Returns: Call or email KIP to notify them when the vaccine is ready to be picked up. KIP will process the return through VTrckS and request a shipping label. KIP will email a return authorization form to be placed inside the box. If you indicated that your clinic is on a regular UPS route, the driver will bring the label, if not, the label will be mailed to you via US Postal Service. UPS should pick up the return within 3-5 business days. A Wasted Vaccine Return Form can be obtained on our website at: www.kdheks.gov/immunize

EMAIL: vaccine@kdheks.gov PHONE: 855-896-7337 FAX: 785-296-6510

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