



Non-Reusable Vaccine Return Record (Spoiled or Expired)

This form must be completed with every vaccine return. Complete all fields using doses not boxes and indicate the return code as listed at the bottom of page. If this is a cold chain failure, indicate the contact person at Halton Region in the Return Authorization box that you reported the incident to.

Holding Point Code and Facility Name HAL_OK_		Holding Point Contact		Return Authorization By		
Returned By	Fax Number	Telephone Number		Date of Return (yyyy/mm/dd)		
Email						
Code Name	Description	Doses/ Pkg	*Return Code	Lot No.	No. of doses	Catalogue No.
BID (Mantoux)	Tuberculin Purified Protein Derivative	10				6506-3311-0
DTap_IPV-Hib (Pediace®)	Diphtheria, Tetanus, Pertussis, Polio and <i>Haemophilus influenzae</i> type b Vaccine	5				6571-3346-0
HA (Adult)	Hepatitis A Vaccine (adult)	1				6571-3257-0
HA (Paed)	Hepatitis A Vaccine (paediatric)	1				6571-3256-0
HB (Adol/Adult)	Hepatitis B Vaccine (adolescent/adult)	1				6571-3243-0
HB (Paed)	Hepatitis B Vaccine (paediatric)	1				6571-3251-0
HB (Ren) (Recombivax®)	Hepatitis B Vaccine (renal dialysis)	1				6571-3324-1
Hib	<i>Haemophilus influenzae</i> type b Vaccine	1				6571-3324-1
HPV-9	Human Papillomavirus Vaccine	1				6571-3390-0
IPV	Polio Vaccine	1				6571-3390-0
Men-B (Bexero®)	Multicomponent Meningococcal B Vaccine	1				6571-3314-0
Men-C-C	Meningococcal C Conjugate Vaccine	10				6571-3344-3
Men-C-ACYW- 135	Meningococcal ACYW Conjugate Vaccine	1				6571- 3360-0
MMR (Priorix®/MMRII®)	Measles, Mumps, Rubella, Varicella Vaccine	10				6571-3230-0
MMRV (Priorix- Tetra®/ProQuad®)	Measles, Mumps, Rubella, Varicella Vaccine	10				6571-3604-0
Pneu-C-13	Pneumococcal Conjugate 13-valent Vaccine	10				6571-2202-5
Pneu-P-23	Pneumococcal Polysaccharide 23-valent Vaccine	10				6571-4010-2
Rab	Rabies Vaccine	1				6571-3231-0
Rablg	Rabies Immune Globulin	1				6571-3225-0
Rot-1 (Rotarix®)	Rotavirus Vaccine	10				6571-4233-0
Rot-5 (Rotateq®)	Rotavirus Vaccine	10				6571-4240-1

Code Name	Description	Doses/ Pkg	*Return Code	Lot No.	No. of doses	Catalogue No.
Td	Tetanus and Diphtheria Vaccine	5				6571-3240-0
Tdap (Adacel®)	Tetanus, Diphtheria, Pertussis Vaccine	5				6571-2203-0
Var (Varivax III®)	Varicella Vaccine	10				6571-3305-1
Var-Zoster (Zostavax®)	Varicella Zoster	1				6571-2020-0
Zoster (Shingrex®)	Zoster	10				6571-2020-0

Influenza Vaccine

Inf (FluLaval Tetra®/Fluzone Quad)	Influenza Vaccine – multi-dose vial	10				6571-4400-0
Inf (Fluzone Quad®/ Influsplit®)	Influenza Vaccine – prefilled syringe	10				6571-4420-0
Inf (Afluria Tetra®)	Influenza Vaccine – multi-dose vial	10				6571-4460-0
Inf (Afluria Tetra®)	Influenza Vaccine – prefilled syringe	10				6571-4430-0
Inf (Flucelvax Quad®)	Influenza Vaccine – prefilled syringe	10				6571-4450-0
Inf (Fluzone High- Dose TIV®)	Influenza Vaccine – prefilled syringe	5				6571-5500-0
Inf (Fluzone High- Dose Quad®)	Influenza Vaccine – prefilled syringe	5/10				N/A
Inf (Fluad®)	Influenza Vaccine – prefilled syringe	10				6571-3352-0
Inf (Flumist®)	Influenza Vaccine – nasal mist	10				6571-4410-0

COVID-19 Vaccine

Pfizer-BioNTech	Covid-19 Vaccine	6				N/A
Moderna	Covid-19 Vaccine	10/14				N/A
AstraZeneca	Covid-19 Vaccine	10				N/A

Vaccines not listed

Code Name	Description	Doses/ Pkg	*Return Code	Lot No.	No. of doses	Catalogue No.

*Return Code

CCE - Cold Chain Incident- Emergency/Natural Disaster

CCH - Cold Chain Incident - Human Error

CCM - Chain Incident - Malfunction: Refrigerator/Freezer/Equipment

CCP - Cold Chain Incident – Power Outage

CCT - Cold Chain Incident – Temperature Breached in Transit

DE - Defective Product

DI - Discontinued Product

DP - Damaged Product

EX - Expired Product

FC - Facility Closure

RP - Recalled Product

SV - Suspected Vaccine Contamination