



State of Nevada
 Department of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Suite 210 ♦ Carson City, Nevada 89706
 Phone: (775) 684-5900 Fax: (775) 684-8338

VTrckS UPS Pickup Request for Expired/Spoiled Vaccine

Date: _____ PIN: _____ Facility Name: _____
 Address: _____ Contact: _____
 Phone: _____ Fax: _____

INSTRUCTIONS: (Applies to **state supplied vaccines ONLY.**) (DO NOT discard or return any vaccine to the Immunization Program or local health districts.) (DO NOT contact McKesson directly.)

EXPIRED VACCINES

- 1) Complete this form.
- 2) Fax the completed form to (775) 684-8338 (keep a copy for your records.)
- 3) Securely pack the vaccine to be returned with a copy of this form in any available box.
- 4) Expired/Spoiled vaccines do NOT need to be stored in your refrigerator.

VACCINES INCIDENTS

- 1) Complete a Vaccine Incident Report
 - a) **Call the Immunization Program to report any incident of compromised cold chain within 2 hours of discovery** at (775) 684-5900
- 2) Fax the completed form to (775) 684-8338 (keep a copy for your records.)
- 3) If the manufacturer deems any or all of the vaccines are non-viable, follow instructions in the Expired Vaccines section on the left.

Return Reason Codes:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Expired 2. Natural Disaster/power outage* 3. Refrigerator temperature too warm* 4. Refrigerator temperature too cold* 5. Failure to store properly upon receipt* | <ol style="list-style-type: none"> 6. Vaccine spoiled in transit* 7. Mechanical Failure* 8. Other (explain): _____ 9. Recall 10. Duplicate request |
|---|---|

*indicates Vaccine Incident Report required

REQUIRED Vaccine Information (Please print clearly -This form must be legible or it will be returned)

Reason Code	NDC NO	# of Doses	VACCINE	Exp. Date

How many boxes for UPS to pick up? _____

For office use only:

Vaccine Incident Report submitted? _____ (if applicable)

Cost of wasted vaccine: \$ _____