



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

### VTckS 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:**

- |  |                                |
|--|--------------------------------|
| 1. Expired                                 | 6. Vaccine spoiled in transit* |
| 2. Natural Disaster/power outage*          | 7. Mechanical Failure*         |
| 3. Refrigerator temperature too warm*      | 8. Other (explain): _____      |
| 4. Refrigerator temperature too cold*      | 9. Recall                      |
| 5. Failure to store properly upon receipt* | 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: \$ \_\_\_\_\_

**VTrckS UPS Pickup Request for Expired/Spoiled Vaccine (Cont)**

**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