



999 Balmoral Street, Thunder Bay, ON P7B 6E7
(807) 625-8810 toll-free 1-888-294-6630, ext. 8810 Fax (807) 625-4828

Non-Reusable Vaccine (spoiled or expired) Return Form

*Return Codes

EX-Expired Product FC-Facility Closure

OS-Overstock

CCH-Cold Chain- Human Error

CCH -Cold Chain- Power Outage

Instructions

1. Please complete this form and attach it to your non-reusable vaccines.
2. Return the non-reusable vaccines to the Thunder Bay District Health Unit.

Health Care Provider/Facility Name				Fridge ID #	
Date		Telephone Number		Date of Return (yyyy/mm/dd)	
Code Name	Doses / Pkg	*Return Code	Lot. No.	No. of Doses	Catalogue No.
Act-HIB 0.5mL Vial, 5 Vials/Box	5				657132550
ADACEL 0.5mL Vial, 5 Vials/Box	5				657122030
ADACEL-POLIO 0.5 mL PFS, 10 PFS/Box	10				657120131
AVAXIM (adult) 0.5mL PFS, 1 PFS/Box	1				657132570
AVAXIM (paed) 0.5 mL PFS, 1 PFS/Box	1				657132560
Bexsero Men-B 0.5ml PFS 1/Box	1				657133140
Boostrix-Polio 0.5mL PFS, 10 PFS/Box	10				657120131
ENGERIX-B (adult) 1mL Vial, 1 Vial/Box	1				657132430
ENGERIX-B Junior (paed) 0.5mL Vial, 1 Vial/Box	1				657132510
GARDASIL 9 0.5 mL PFS, 1/Box	1				657133900
GARDASIL 9 0.5mL Vial, 10 Vials/Box	10				657133901
HAVRIX 1440 (adult) 1mL Vial or Prefilled Syringe, 1 Vial Box	1				657132570
HAVRIX 720 Junior (paed) 0.5 mL PFS, 1 PFS/Box	1				657132560
HIBERIX 0.5 mL Prefilled Syringe, 1 PFS/Box	1				657132540
HyperRAB 2mL Vial, 1 Vial/Box	1				657132250
IMOGAM RABIES 2mL Vial, 1 Vial/Box	1				657132250
IMOVAX Polio 0.5mL PFS, 1 PFS/Box	1				657132202
Menactra 0.5mL Vial, 1 Vial/Box single dose	1				657133600
Menactra 0.5mL Vial, 5 Vials/Box	5				657133601
MENJUGATE LIQUID 0.5mL PFS, 10 PFS/Box	10				657133443
MMR II 0.5mL Vial, 10 Vials/Box	10				657132300
NIMENRIX 0.5 ML PFS 10/BOX	10				657133701
NIMENRIX 0.5 ML PFS 1/BOX	1				657133700
NEISVAC-C 0.5 ml 10 PFS/Box	10				657133443

Code Name	Doses / Pkg	Return Code	Lot. No.	Number of Doses	Catalogue No.
PEDIACEL 0.5mL Vial, 5 Vials/Box	5				657133460
PNEUMOVAX 23 0.5mL Vial, 10 Vials/Box	10				657140102
Pprevnar 13 0.5mL PFS, 10 PFS/Box	10				657122025
Priorix 0.5mL Vial, 10 Vials/Box (MMR)	10				657132300
Priorix-Tetra 0.5mL Vial, 10 Vials/Box (MMRV)	10				657136040
Pro-Quad 0.5 ml Vial 10/Box (MMRV)	10				657136040
RabAvert 1mL Vial, 1 Vial / Box (Rabies)	1				657132310
Recombivax (Adult) 1ml vial, 10 vial/box	10				657133403
RECOMBIVAX HB (adult) 1mL Vial, 1 Vial/Box	1				657132430
RECOMBIVAX HB (paed) 0.5mL Vial, 1 Vial/Box	1				657132510
RECOMBIVAX HB Dialysis (adult) 1mL Vial, 1 Vial/Box	1				657133241
ROTATEQ 2.0 ml Squeezable Tube, 10/box	10				657142401
ROTARIX 1.5 ml Squeezable Tube, 10/Box	10				657142330
Shringix, Zoster 0.5 ml Vial 10/box	10				657120201
Shringix Zoster 0.5 ml Vial 1/box	1				657120200
Td ADSORBED 0.5mL Vial, 5 Vials/Box	5				657132400
TUBERSOL 1mL - Tuberculin Purified Protein (Mantoux)	10				650633110
VAQTA (adult) 1mL Vial, 1 Vial/Box (Hep A)	1				657132570
VAQTA (paed) 0.5mL Vial, 1 Vial/Box (Hep A)	1				657132560
Varilrix 0.5mL Vial, 10 Vials/Box	10				657133050
VARIVAX III 0.5mL Vial, 10 Vials/Box	10				657133050