DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Immunization Program

IMMUNIZATION PROGRAM
VACCINE RETURN FORM

DATE: _____
PIN #: _____
PROVIDER NAME: _____
RETURNED BY: _____
TELEPHONE: _____
E-MAIL: _____

VACCINE	MANUFACTURER	DOSES RETURNED	NDC #	LOT NUMBER	Expired	EXPIRATION DATE	WASTED	SPOILED	VIABLE

DO NOT SEND VACCINE DIRECTLY TO THE IMMUNIZATION PROGRAM

Wait for a shipping label to be sent from McKesson

EXPLAIN WHY EXPIRED, SPOILED, WASTED OR OTHER:
CORRECTIVE ACTION:

1) Please fax form to the Immunization Program at 302-622-4154

2) Please send form back with packaged vaccine.

The return label does not come from the VFC program email. The return label will come from the following email address, UPS Quantum View (PKGinfo@ups.com). Please make sure that the email address will not be blocked by your email spam filters.

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