



COVID-19 VACCINE REDISTRIBUTION FORM (for vaccine stored in a ULT freezer)

Instructions:

- Complete this form and fax it to BCCDC to receive authorization for return.
- Once authorization is received via email or phone, you may return the surplus vaccines.
- Please enclose the signed copy of this form with the surplus vaccines.

RETURNING OFFICE: _____ DATE: _____

ADDRESS: _____

_____ FAX: (____) _____

CONTACT PERSON: _____ TEL: (____) _____

THE FOLLOWING CRITERIA MUST BE MET FOR VACCINE(S) TO BE CONSIDERED ELIGIBLE FOR RETURN TO BCCDC VACCINE DISTRIBUTION CENTRE

- The temperature was maintained between -60°C and -90°C for these products, throughout their storage at the site.
- Products were stored in a safe and secure location with no public access.
- The freezer temperature was logged at the start and end of each business day.
- Only full, sealed cartons are being returned.
- Only full, unpunctured vials are being returned.

Vaccine: _____

Number of Doses: _____

Lot Number: _____

Expiry Date: _____

I have checked off all of the boxes and to the best of my knowledge confirm all of these conditions have been met:

Signature of Manager

Date

Name of Manager (Please print)

OFFICE USE ONLY → Field Return Report - Reference number _____