# SOUTH CAROLINA VACCINE WASTAGE AND RETURN FORM

Wastage and return of vaccine requires pre-authorization by DHEC Division of Immunizations. Call DHEC Division of Immunizations at 800-277-4687 or email to scvfc@dhec.sc.gov before wastage/return of vaccine.

Date: ____________________________  Need Shipping Label?  □ Yes  □ No
PIN Number: ____________________________  # of Labels Requested: ____________
Provider Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone: ____________________________  Fax: ____________________________
Contact Person: ____________________________

<table>
<thead>
<tr>
<th>Returned to McKesson</th>
<th>Reason Code*</th>
<th>Program Type</th>
<th>NDC</th>
<th>Vaccine</th>
<th>Doses</th>
<th>Mfg</th>
<th>Lot #</th>
<th>Expiration Date</th>
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*REASON CODES:
2 – Recall
3 – Spoilage (Contaminated)
4 – Expiration
5 – Lost/damaged/spoiled in transit
6 – Failure to store properly upon receipt
7A – Storage unit too warm
7B – Storage unit too cold
7C – Mechanical failure
7D – Natural disaster/power outage
11 – Lost or unaccounted for in inventory (missing doses)
12A – Dropped/broken vial
12B – Drawn-up but not administered
12C – Inappropriate light exposure
12D – Other (Explain)

EXPLANATION FOR WASTAGE
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

For DHEC Use Only:
Cost of vaccine ____________  Shipping label requested: □

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DHEC 1209 (3/2014)  SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Purpose:
The purpose of the Vaccine Wastage and Return Form is to record the wastage and/or return of vaccine.

Wastage/Return of vaccine requires pre-authorization by the DHEC Immunization Division. Contact DHEC Immunization Division by phone (1-800-27-SHOTS or 803-898-0460) or email (scvfc@dhec.sc.gov) before wastage/return of vaccine and completion of this form.

Item-By-Item Instructions:
1. Provider will enter identifying information about the provider’s office from which the vaccine is wasted/returned. All information is required.

2. Provider will enter information for each vaccine being wasted/returned including Reason Code, Program Type (for example VFC or State), NDC, Vaccine Name, Doses, Manufacturer (Mfg), Lot Number and Expiration Date.

3. If provider is directed by DHEC Immunization Division to return vaccine to McKesson (CDC’s Central Distributor) for excise tax, place a check in the “Returned to McKesson” column.

4. Provider will indicate if a shipping label is needed for return of the vaccine to McKesson and how many labels the provider is requesting. Vaccine is to be returned to McKesson within six months of the expiration date.

5. Provider must provide a written explanation for wastage in space provided.

Office Mechanics and Filing:
1. Provider must fax the completed form to DHEC Immunization Division (803-898-0318).

2. Form Retention:
   - VFC & STATE Vaccine providers: retain the original form for (3) three years as required by the Federal Immunization Program.
   - DHEC Immunization Program: retain providers’ copies for (3) three years as required by the Federal Immunization Program.
   - Contracting Parties under a DHEC Memorandum of Agreement (MOA) for Adult Vaccines: Both Provider and DHEC must retain the original/copy for (6) six years.

3. If the provider is directed to return vaccine to McKesson, a copy of the completed form must be sent with the vaccine to McKesson.