

Instructions for Completing the Spoiled/Expired Returnable Form

To return non-viable vaccine to McKesson, complete the Spoiled/Expired Returnable Form. Use the following link to access the form: [Spoiled/Expired Returnable Form](#). A direct link to the form is also available on the VFC website, Resources and Forms page.

By submitting this form, you are requesting UPS shipping label(s) and indicating the vaccine will be returned to McKesson.

Please review each question thoroughly and complete all required fields. Forms submitted with missing or incorrect information will not be processed.

Note: When using a personal computer, most fields on this form will utilize drop-down menus. When using a mobile device, several questions will appear as radio buttons.

Section 1:

VFC PIN: Enter the VFC PIN for the site. PINs are five or six digits, and sometimes include one or two letters.

Person reporting: Enter the first and last name of the person reporting the non-viable returnable vaccine.

Site Name: Enter the full name of the provider site.

Phone Number: Enter the direct telephone number of the person reporting. Include the area code.

Email Address: Enter the email address of the person reporting. The UPS shipping label(s) will be sent to this email address. Please review to ensure the email is entered correctly.

Will an incident report be submitted for these vaccines? Answer Yes, No, or Incident report has already been submitted.

If the vaccine is being returned for any reason other than "Expired," a *Vaccine Incident Report and Worksheet* must be completed and submitted to Division of Immunizations (DOI) within five days of the incident.

Do you prefer UPS shipping labels sent via email? Answer Yes or No.

Select Yes to have shipping labels sent to the email address provided.

Select No to have the request processed as a pick-up. A UPS driver will come to your site with shipping labels to retrieve the vaccine.

Number of shipping labels needed: Enter the number of shipping labels being requested. This should be the number of boxes needed to return all reported vaccines.

Vaccine Return Reason: Choose a return reason from the list.

Sections 2 - 21:

Choose vaccine type: All vaccine National Drug Codes (NDCs) available through the PA VFC Program are

listed. Select the correct NDC from the list. If you do not see your NDC, choose the brand name and vial/syringe that best matches your return.

Influenza vaccines are an exception, as these NDCs change each year. For influenza vaccines, choose 'Other' and enter the NDC manually. Format should be XXXXX – XXXX – XX. Include all numbers, even zeros. Do NOT simply write "flu" or "influenza." Missing or incorrect NDCs will delay processing.

Expiration date: Enter the expiration date indicated on the vial/syringe. The date can be entered manually or chosen from the pop-up calendar.

Do **NOT** return vaccines prior to the expiration date unless they were exposed to temperatures outside of the recommended range for storing vaccines.

Number of doses: Enter the number of doses being returned.

Do you have another vaccine to return? Answer Yes or No.

To enter additional NDCs, select Yes and then 'Next.'

Providers can enter up to 20 NDCs for the same return reason. If the return reasons differ, a separate form must be submitted for each reason.

If more NDCs still need to be entered, select Yes. Once all NDCs have been entered, select No and then 'Submit.'

Instructions to submit additional returns for your site: Select Done with this form and then 'Submit.' This will close and submit the current form, so a new form can be started if needed.

Once you click 'Submit,' the following message will appear confirming receipt of your form:

Thank you! Your submission has been received.

Please allow us up to 30 days to process your request. Once processed, you will receive notification from DOI containing your VTrcks Return ID.

Do NOT submit another Return form for these vaccines.

Providers should contact RA-pavfc@pa.gov with questions.

When the return request is processed, a confirmation email from DOI will be sent to the email address provided on the request. The email will contain a list of all vaccines included in the return and the VTrckS return ID. Print two copies of this email, place a copy in the box of vaccines being returned, and keep a copy for your records.

If UPS shipping labels were requested via email, an email with the return label will come from McKesson [mailto:pkginfo@ups.com] and the subject of the email will be titled 'UPS Label Delivery, <Label tracking Number>.' Providers must confirm this e-mail address (pkginfo@ups.com) will not be blocked by their e-mail spam filters. The label will not be attached to the email. Providers will need to click on the box stating 'Get Shipping Label,' then click 'Print Label' to retrieve the shipping label.

Providers should receive their UPS shipping label(s) within *1-3 hours* after DOI staff have entered the

return into the appropriate system. If labels are not received timely, providers should contact RA-pavfc@pa.gov.

One unique return label will be included per email. Labels cannot be photocopied or reprinted for multiple uses. If all requested labels are not used, any remaining labels should be discarded. Shipping labels are valid for *30 days*. If the vaccine has not been returned within that timeframe, a new return request must be submitted.

If UPS shipping labels were not requested via email, the return request will be processed as a pick-up. Staff at McKesson will make arrangements with UPS to pick-up the vaccines at no charge to the provider. Pick-up should only be selected when the site does not have routine UPS service.

If this option is selected, no shipping label(s) will be sent via email. A UPS driver will arrive at the site within the reported clinic hours with the number of requested shipping labels. The vaccine must be packed up and ready to go once notification is received from DOI that the request has been processed.

Sites should expect a UPS driver within *1-4 business days*. If the driver does not arrive within that timeframe, providers should contact RA-pavfc@pa.gov.

**Providers must update their vaccine inventory accordingly. All IIS updates should be made when the return request is submitted.

** Do NOT return any vaccine not included in the original return request. A separate request must be submitted for additional returns.

** Do NOT return vaccines prior to the expiration date unless they were exposed to temperatures outside of the recommended range for storing vaccines.