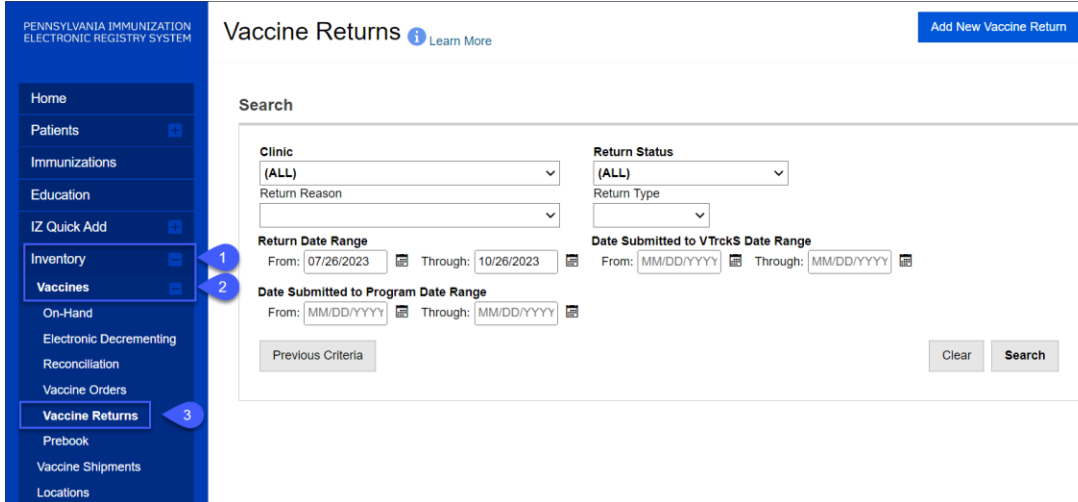
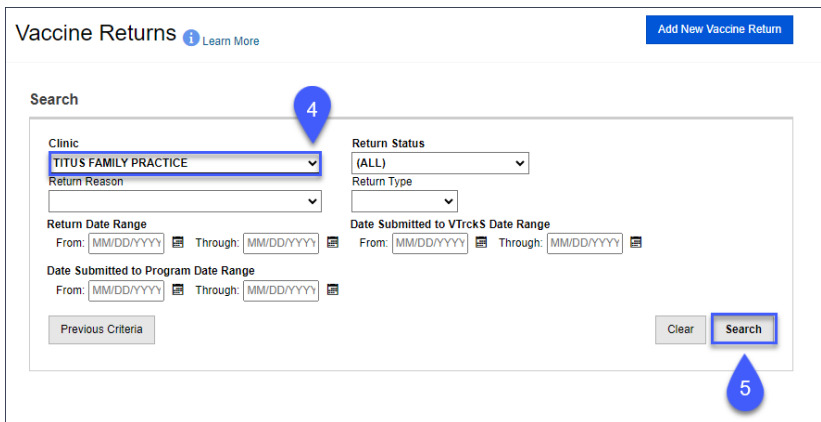


Create and Submit a Vaccine Return



1. Click **Inventory**.
2. Click **Vaccines**.
3. Click **Vaccine Returns**.



The Search screen displays.

4. Select the appropriate **Clinic**.
Return Status, Return Reason, Return Type, Return Date Range, Date Submitted to VTrckS Date Range, and Date Submitted to Program Date Range can be used to narrow search results, if needed.
5. Click **Search**.

Vaccine Returns [Learn More](#) Add New Vaccine Return

6

Search

Clinic
TITUS FAMILY PRACTICE

Return Status
(ALL)

Return Reason

Return Type

Return Date Range
From: MM/DD/YYYY Through: MM/DD/YYYY

Date Submitted to VTrckS Date Range
From: MM/DD/YYYY Through: MM/DD/YYYY

Date Submitted to Program Date Range
From: MM/DD/YYYY Through: MM/DD/YYYY

Previous Criteria Clear Search

| Return Number | Return Date | Return Status | Return Type | Return Reason | Date Submitted to Program | Date Submitted to VTrckS | Return Detail |
|--------------------------------|-------------|------------------------|-------------|-----------------|---------------------------|--------------------------|-------------------|
| TITUS FAMILY PRACTICE - 669915 | | | | | | | |
| R1026202366991500 | 10/26/2023 | SUBMITTED FOR APPROVAL | RETURN ONLY | EXPIRED VACCINE | 10/26/2023 | | View |

The Search results display.

Additional information for previous returns can be viewed, if needed.

NOTE: If the clinic has any returns in IN WORK or REJECTED status, the following message displays: **This clinic currently has an open vaccine return. Click OK to continue editing the open return.**

- Click **Add New Vaccine Return** to start a new return.

Vaccine Returns [Learn More](#) Cancel Next

8

Add - Select Clinic

Clinic *

TITUS FAMILY PRACTICE

7

The Add-Select Clinic screen displays.

- Select the appropriate **Clinic**.
- Click **Next**.

Add Vaccine Return Creation ... Cancel **Next**

Primary Shipping Contact

Name: AMY BROWN
Phone:
Fax:
Email:

Shipping Address

104 GETTYSBURG
MECHANICSBURG, PA 17055

Delivery Information

| | Delivery Time 1 | Delivery Time 2 |
|-----------|-----------------|-----------------|
| | From | To |
| Monday | 08:00 | 15:00 |
| Tuesday | 08:00 | 15:00 |
| Wednesday | 08:00 | 15:00 |
| Thursday | 08:00 | 15:00 |
| Friday | 08:00 | 15:00 |
| Saturday | | |
| Sunday | | |

Special Instructions: NO SPECIAL INSTRUCTIONS

I have reviewed the above shipping information and I certify the information is correct.

The Vaccine Return Creation Process Add screen displays.

9. Click the **checkbox** after the statement confirming all shipping information is correct.
10. Click **Next**.

Vaccine Returns Cancel **Create**

Add

Clinic: TITUS FAMILY PRACTICE

Return Number: R1026202366991501

Return Status: IN WORK

Return Created Date: 10/26/2023

Date Submitted to Program: MM/DD/YYYY

Date Submitted to VTrcks: MM/DD/YYYY

Label Shipping Method: EMAILED TO PROVIDER EMAIL STORED IN VTRCKS

Clinic Comments: POWER WAS OUT FOR 24 HOURS.

VFC Program Comments:

Vaccine | Mfg | NDC | Brand/Packaging | Funding Source | Lot Number | Expiration Date | Doses Remaining

DTAP (DAPTACEL) | PMC | 49281-0286-10 | DAPTACEL (0.5 ML X 10 VIALS) | VFC | DTAP0286 | 09/28/2025 | 10

Vaccines To Return: 1

Doses Returning: 1

Return Type: RETURN ONLY

Return Reason: NATURAL DISASTER/POWER OUTAGE

Number of Shipping Labels: 1

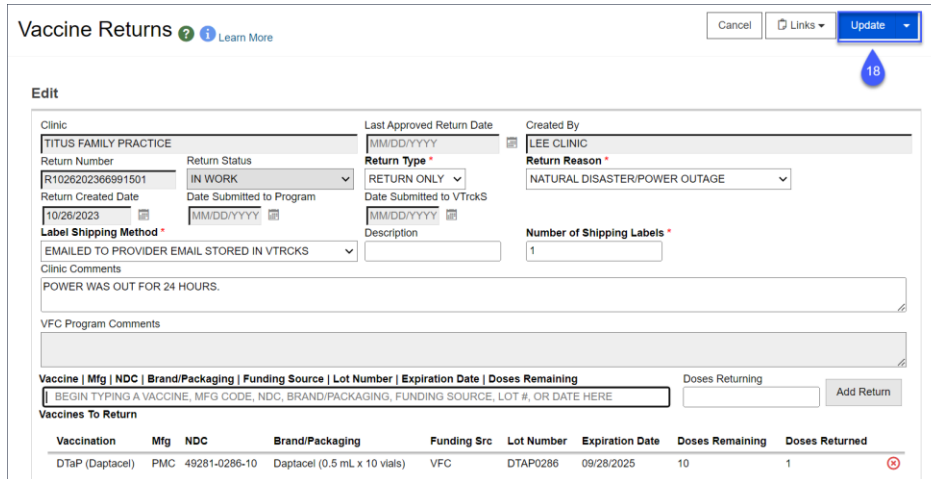
There are no vaccines returned in this order

The Add screen displays.

11. Select **Return Type**.
12. Select **Return Reason**.
NOTE: Complete the Incident Report (outside of PEIRS) if the Return Reason requires it.
13. Select the **Label Shipping Method**.
14. Enter the **Number of Shipping Labels** needed.

15. Begin typing the **Vaccine, Mfg, NDC, Brand Packaging, etc.** and select the appropriate result.
16. Enter the number of **Doses Returning**.
17. Click **Add Return**.

Continue Steps 11-17 if returning additional vaccines.



Vaccine Returns Learn More Cancel Links Update

Edit

Clinic: TITUS FAMILY PRACTICE
 Return Number: R1026202366991501
 Return Status: IN WORK
 Return Created Date: 10/26/2023
 Label Shipping Method: EMAILED TO PROVIDER EMAIL STORED IN VTRCKS
 Clinic Comments: POWER WAS OUT FOR 24 HOURS.

Last Approved Return Date: MM/DD/YYYY
 Return Type: RETURN ONLY
 Date Submitted to Program: MM/DD/YYYY
 Description: [Empty]

Created By: LEE CLINIC
 Return Reason: NATURAL DISASTER/POWER OUTAGE
 Number of Shipping Labels: 1

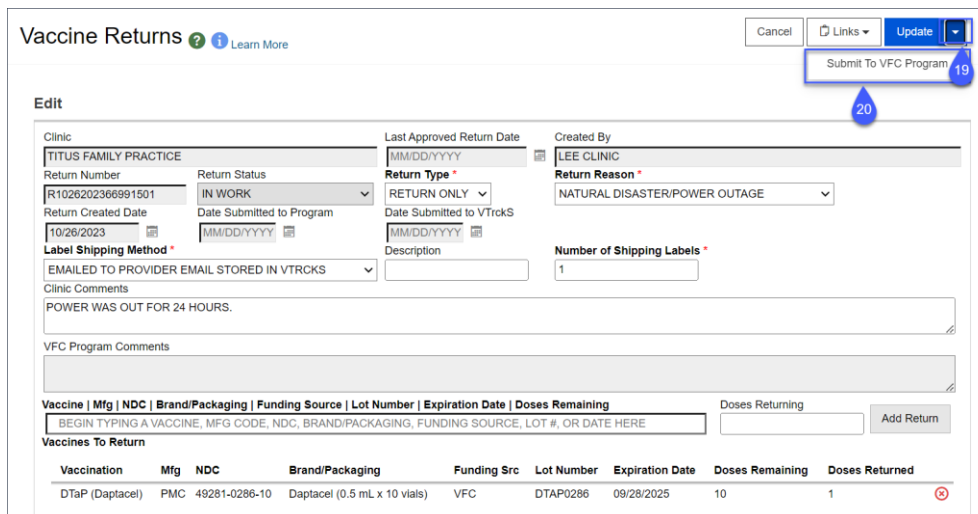
Vaccine | Mfg | NDC | Brand/Packaging | Funding Source | Lot Number | Expiration Date | Doses Remaining | Doses Returning | Add Return

BEGIN TYPING A VACCINE, MFG CODE, NDC, BRAND/PACKAGING, FUNDING SOURCE, LOT #, OR DATE HERE

| Vaccination | Mfg | NDC | Brand/Packaging | Funding Src | Lot Number | Expiration Date | Doses Remaining | Doses Returned |
|-----------------|-----|---------------|------------------------------|-------------|------------|-----------------|-----------------|----------------|
| DTaP (Daptacel) | PMC | 49281-0286-10 | Daptacel (0.5 mL x 10 vials) | VFC | DTAP0286 | 09/28/2025 | 10 | 1 |

18. Click **Update** to save changes.

NOTE: To delete a line item from the order, click X at the end of the line.



Vaccine Returns Learn More Cancel Links Update Submit To VFC Program

Edit

Clinic: TITUS FAMILY PRACTICE
 Return Number: R1026202366991501
 Return Status: IN WORK
 Return Created Date: 10/26/2023
 Label Shipping Method: EMAILED TO PROVIDER EMAIL STORED IN VTRCKS
 Clinic Comments: POWER WAS OUT FOR 24 HOURS.

Last Approved Return Date: MM/DD/YYYY
 Return Type: RETURN ONLY
 Date Submitted to Program: MM/DD/YYYY
 Description: [Empty]

Created By: LEE CLINIC
 Return Reason: NATURAL DISASTER/POWER OUTAGE
 Number of Shipping Labels: 1

Vaccine | Mfg | NDC | Brand/Packaging | Funding Source | Lot Number | Expiration Date | Doses Remaining | Doses Returning | Add Return

BEGIN TYPING A VACCINE, MFG CODE, NDC, BRAND/PACKAGING, FUNDING SOURCE, LOT #, OR DATE HERE

| Vaccination | Mfg | NDC | Brand/Packaging | Funding Src | Lot Number | Expiration Date | Doses Remaining | Doses Returned |
|-----------------|-----|---------------|------------------------------|-------------|------------|-----------------|-----------------|----------------|
| DTaP (Daptacel) | PMC | 49281-0286-10 | Daptacel (0.5 mL x 10 vials) | VFC | DTAP0286 | 09/28/2025 | 10 | 1 |

19. Click the drop-down arrow beside **Update**.
20. Click **Submit to VFC Program** to submit the return for approval. Once submitted, a vaccine return can't be modified.



The Success message displays.

Vaccine Returns ? i Learn More Cancel Links

Edit

| Clinic | Last Approved Return Date | Created By | | | | | | |
|---|---------------------------|-------------------------------|------------------------------|-------------|------------|-----------------|-----------------|----------------|
| TITUS FAMILY PRACTICE | MM/DD/YYYY | LEE CLINIC | | | | | | |
| Return Number | Return Status | Return Type | | | | | | |
| R1028202366991501 | SUBMITTED FOR APPROVAL | RETURN ONLY | | | | | | |
| Return Created Date | Date Submitted to Program | Return Reason | | | | | | |
| 10/26/2023 | 10/26/2023 | NATURAL DISASTER/POWER OUTAGE | | | | | | |
| Label Shipping Method | Date Submitted to VTrckS | Number of Shipping Labels * | | | | | | |
| EMAILED TO PROVIDER EMAIL STORED IN VTRCKS | MM/DD/YYYY | 1 | | | | | | |
| Clinic Comments | | | | | | | | |
| POWER WAS OUT FOR 24 HOURS. | | | | | | | | |
| VFC Program Comments | | | | | | | | |
| Vaccine Mfg NDC Brand/Packaging Funding Source Lot Number Expiration Date Doses Remaining Doses Returning | | | | | | | | |
| BEGIN TYPING A VACCINE, MFG CODE, NDC, BRAND/PACKAGING, FUNDING SOURCE, LOT #, OR DATE HERE | | | | | | | | Add Return |
| Vaccination | Mfg | NDC | Brand/Packaging | Funding Src | Lot Number | Expiration Date | Doses Remaining | Doses Returned |
| DTaP (Daptacel) | PMC | 49281-0286-10 | Daptacel (0.5 mL x 10 vials) | VFC | DTAP0266 | 09/28/2025 | 9 | 1 |

The Return Status changes to Submitted for Approval.