

## **Instructions for Completing the Spoiled/Expired Returnable Form**

To return non-viable vaccine to McKesson, use the Spoiled/Expired Returnable Form. Please 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.

By submitting this form, you are requesting a UPS shipping label and indicating the vaccines will be returned to McKesson. Make sure to complete all required fields. Forms with missing information will not be processed.

The VTrckS return ID and requested number of UPS shipping label(s) will be sent to the person reporting at the email address provided.

**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 the Division of Immunizations within five days of the incident.

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

If you answer Yes, the form will ask for the number of shipping labels needed before taking you to the Vaccine Return Reason. If you answer No, the form will take you directly to the Vaccine Return Reason.

**Number of shipping labels needed:** Enter the number of shipping labels being requested. This value must be a number.

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

### **Sections 2 - 20:**

**Choose vaccine type:** All vaccine National Drug Codes (NDCs) are listed. Select the correct NDC from the list. If you do not see your NDC, please choose from the brand name and syringe/vial to match your return. Do NOT select ‘Other’ and enter the NDC manually.

**Influenza vaccines are an exception, since these NDCs change often.** For influenza vaccines, please click ‘Other’ and enter the NDC manually. Format should be XXXXX – XXXX – XX. Include all numbers, even

zeros. Missing or incorrect NDCs will delay processing.

**Expiration date:** Enter the expiration date indicated on syringe/vial. The date can be inputted manually or chosen from a 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. This value must be a number. All vaccines with the same NDC but different lot numbers can be entered as one.

**Do you have another vaccine to return?** To enter additional NDCs, please click 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.

Once all NDCs have been entered, click No and then 'Submit.' If more than 20 NDCs need to be entered, click Yes, Done with this form, and then 'Submit.' This will close and submit the form, so a new form can be started.

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. You will also receive any requested UPS shipping labels.***

***Do NOT submit another Return form for these vaccines.***

***Providers may contact [ra-pavfc@pa.gov](mailto:ra-pavfc@pa.gov) with questions.***

DOI staff will send an email once the return request has been processed that will include the vaccine information entered and the VTrckS return ID. **Print two copies of this email, place a copy in the box(es) of vaccines being returned, and keep a copy for your records.**

If UPS shipping labels were requested via email, you will also receive the number of requested shipping labels via a separate email from [pkginfo@ups.com](mailto:pkginfo@ups.com) with the subject 'UPS Label Delivery, <tracking #>.' Providers should confirm this e-mail address will not be blocked by their e-mail spam filters. The label will not be attached to the email. Please click on the box 'Get Shipping Label,' then click 'Print Label' to retrieve the label.

UPS shipping labels must be used within **30 days** and can only be used **once**. Shipping labels cannot be reprinted or copied.

If UPS shipping labels are not received timely, please contact DOI immediately to request a new shipping label. If the return was processed more than 30 days ago, a new request will need to be created and a new VTrckS return ID will be assigned.

If UPS shipping labels were not requested via email, the return request will be processed as a pick-up. Staff from McKesson will make arrangements with UPS at no charge to the provider. Shipping labels will be provided by the UPS driver at the time of pick-up.

**\*\* DO NOT return any vaccines not listed in the original return request. A separate request must be submitted for additional returns.**