EOHU BSEO
Eastern Ontario Health Unit
Bureau de santé de l'est de l'Ontario

Healthcare Provider Return Record for Non-Reusable Vaccines (spoiled or expired)

EASTERN ONTARIO HEALTH UNIT
1000 Pitt Street
Cornwall, Ontario K6J 5T1
Telephone: 613-933-1375 ext. 1283
Fax: 613-936-0700

EOHU Use Only - Return Authorization number:

_____

Instructions

Please complete the Return Record and include it with your return.

Healthcare Provider/Clinic/Long Term Care Home Name

_____

Return Date (Year/Month/Date)

_____

Healthcare Provider Contact

_____ Last Name

_____ First Name

_____ Title

_____ Telephone Number

_____ Fax Number

_____ Email Address

Address

_____ Unit Number

_____ Street Number

_____ Street Name

_____ Post Office Box

_____ STN/ RPO/ RR

_____ City/Town

_____ Province

_____ Postal Code

Code Name	Description	Dose/ Pkg	*Return Code	Lot No.	No. of Doses	Product Alternate ID
PPD (TUBERSOL®)	Tuberculin Purified Protein Derivative (only unopened vials)	10				650633110
DTaP-IPV-Hib	Diphtheria, Tetanus, Pertussis, Polio and *Haemophilus influenzae* type b Vaccine	5				657133460
Hib	*Haemophilus influenzae* type b Vaccine	5				657132550
IPV	Polio Vaccine	1				657132202
Men-C-C	Meningococcal Conjugate C Vaccine	10				657133443
MMR	Measles, Mumps, Rubella Vaccine	10				657132300
MMRV	Measles, Mumps, Rubella, Varicella Vaccine	10				657136040
Pneu-C-15	Pneumococcal Conjugate 15-valent Vaccine	10				657122201
Pneu-C-20	Pneumococcal Conjugate 20-valent Vaccine	10				657140201

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.

Code Name	Description	Dose/ Pkg	*Return Code	Lot No.	No. of Doses	Product Alternate ID
Rot-1	Rotavirus Vaccine	10				657142330
RSV	Respiratory syncytial virus vaccine **Arexvy**	1				657123000
		10				657123001
	Respiratory syncytial virus vaccine **Abrysvo™**	1				657123240
RSV- Ab	Respiratory syncytial virus monoclonal antibody **Beyfortus® 0.5 mL**	1				657122000
	Respiratory syncytial virus monoclonal antibody **Beyfortus® 1 mL**	1				657124000
		5				657124001
Td	Tetanus and Diphtheria Vaccine	5				657132400
Tdap	Tetanus, Diphtheria, Pertussis Vaccine	5				657122030
Tdap-IPV	Tetanus, Diphtheria, Pertussis, Polio Vaccine	10				657120131
Var	Varicella Vaccine	10				657133050
Zoster	Shingles Herpes Zoster Vaccine	1				657120200

Influenza and Other Vaccines

Code Name	Trade Name	Dose/ Pkg	*Return Code	Lot No.	No. of Doses
Inf (QIV) – vial					
Inf (QIV) – pre-filled syringes					
Inf (Adjuvanted TIV)					
Inf (High Dose QIV)					

***Return Code**

CCE – Cold Chain Incident – Emergency/Natural Disaster
CCH – Cold Chain Incident – Human Error
CCM – Cold Chain Incident – Malfunction: Refrigerator/Freezer/Equipment
CCP – Cold Chain Incident – Power Outage
DE – Defective Product
DI – Discontinued Product
DP – Damaged Product
DU – Duplicate Order
EQ – Excessive Quantity
EX – Expired Product
FC – Facility Closure
IP – Incorrect Product
NR – Not required
OE – Ordered in Error
RP – Recalled Product
SP- Short Dated Product
SV – Suspected Vaccine Contamination

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