

## 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:*

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### Instructions

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

Healthcare Provider/Clinic/Long Term Care Home Name

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Return Date (Year/Month/Date)

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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 <i>Haemophilus influenzae</i> type b Vaccine	5				657133460
Hib	<i>Haemophilus influenzae</i> 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

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 <b>Arexvy</b>	1				657123000
	Respiratory syncytial virus vaccine <b>Abrysvo™</b>	10				657123001
RSV- Ab	Respiratory syncytial virus monoclonal antibody <b>Beyfortus® 0.5 mL</b>	1				657123240
	Respiratory syncytial virus monoclonal antibody <b>Beyfortus® 1 mL</b>	1				657122000
		5				657124000
Td	Tetanus and Diphtheria Vaccine	5				657124001
Tdap	Tetanus, Diphtheria, Pertussis Vaccine	5				657132400
Tdap-IPV	Tetanus, Diphtheria, Pertussis, Polio Vaccine	10				657122030
Var	Varicella Vaccine	10				657120131
Zoster	Shingles Herpes Zoster Vaccine	1				657133050
						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