Arizona Immunization Program Office, Vaccine Center
Phone: (602) 364-3642 Fax: (602) 364-3276 or (602) 364-3232
(Fax completed form to Vaccine Center)

Wasted/Expired Vaccine Return Form

Practice Name: _____
PIN: _____Contact:_____
Address: _____
Phone: _____
Fax: _____

Return Codes:
3 - Spoiled (e.g., out of range temperatures)
4 - Expired
5 - Lost or damaged in transit
6 - Failure to store properly upon receipt
7 - Refrigerator failure (e.g. power outage)
11 - Lost or unaccounted

Vaccine Name	Return Code	Vial(V) Syr.(S)	Lot#	Expiration Date	# of Doses	Cost per Dose	Total $
DTaP-Tripedia®						$13.25	
DTaP-Daptacel®						$15.00	
DTaP-Infanrix®						$15.35	
DTaP/HIB/IPV-Pentacel®						$54.50	
DTaP/HB/IPV-Pediarix®						$52.10	
DTaP/IPV-Kinrix®						$35.50	
e-IPV-IPOL®						$12.24	
Hep A-Havrix®						$14.79	
Hep A-Vaqta®						$14.75	
Hep B-Engerix B®						$10.73	
Hep B-Recombivax®						$10.75	
HIB-ActHib®						$9.20	
HIB-PedVaxHib®						$11.97	
HIB-Hiberix®						$8.98	
HPV-Cervarix®						$96.08	
HPV-Gardasil®						$111.96	
MCV4-Menactra®						$82.12	
MCV4-Menveo®						$85.37	
MMR-MMRII®						$19.33	
PCV13-Prevnar13®						$102.03	
PPV23-Pneumovax®						$37.99	
Rotavirus-Rotarix®						$91.02	
Rotavirus-RotaTeq®						$61.53	
Td-Decavac®						$16.50	
Tdap-Boostrix®						$30.68	
Tdap-Adacel®						$30.41	
Varicella-Varivax®						$72.49	
Other-							
Other-							
Approved for Return to McKesson:				**Total Loss:**	#		$

Reason for Wastage: _____

_____ _____
Person Completing Form (Print) Date
Signature of Enrolling Provider Date
(VFC Contact may sign if provider not located at site)

*Cost per dose according to the federal contract dated 4/12