



SOUTH CAROLINA VACCINE WASTAGE AND RETURN FORM

Wastage and return of vaccine requires pre-authorization by DHEC Division of Immunizations. Call DHEC Division of Immunizations at 800-277-4687 or email to immunize@dhec.sc.gov before wastage/return of vaccine.

Date: _____

Need Shipping Label? Yes No

PIN Number: _____

of Labels Requested: _____

Provider Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Returned to McKesson	Reason Code*	Program Type	NDC	Vaccine	Doses	Mfg	Lot #	Expiration Date
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

***REASON CODES:**

- 2 – Recall
- 3 – Spoilage (Contaminated)
- 4 – Expiration
- 5 – Lost/damaged/spoiled in transit
- 6 – Failure to store properly upon receipt
- 7A – Storage unit too warm
- 7B – Storage unit too cold
- 7C – Mechanical failure
- 7D – Natural disaster/power outage
- 11 – Lost or unaccounted for in inventory (missing doses)
- 12A – Dropped/broken vial
- 12B – Drawn-up but not administered
- 12C – Inappropriate light exposure
- 12D – Other (Explain)

EXPLANATION FOR WASTAGE

For DHEC Use Only:

Cost of vaccine _____

Shipping label requested:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

South Carolina Vaccine Wastage and Return Form

Instructions for Completing

Purpose:

The purpose of the Vaccine Wastage and Return Form is to record the wastage and/or return of vaccine.

Wastage/ Return of vaccine requires pre-authorization by the DHEC Immunization Division. Contact DHEC Immunization Division by phone (1-800- 27-SHOTS or 803-898-0460) or email (immunize@dhec.sc.gov) before wastage/return of vaccine and completion of this form.

Item-By-Item Instructions:

1. Provider will enter identifying information about the provider's office from which the vaccine is wasted/ returned. All information is required.
2. Provider will enter information for each vaccine being wasted/ returned including Reason Code, Program Type (for example VFC or State), NDC, Vaccine Name, Doses, Manufacturer (Mfg), Lot Number and Expiration Date.
3. *If provider is directed by DHEC Immunization Division to return vaccine to McKesson (CDC's Central Distributor) for excise tax, place a check in the "Returned to McKesson" column.*
4. Provider will indicate if a shipping label is needed for return of the vaccine to McKesson and how many labels the provider is requesting. Vaccine is to be returned to McKesson within six months of the expiration date.
5. Provider must provide a written explanation for wastage in space provided.

Office Mechanics and Filing:

1. Provider must fax the completed form to DHEC Immunization Division (803-898-0318).
2. Form Retention:
 - VFC & STATE Vaccine providers: retain the original form for (3) three years as required by the Federal Immunization Program.
 - DHEC Immunization Program: retain providers' copies for (3) three years as required by the Federal Immunization Program.
 - Contracting Parties under a DHEC Memorandum of Agreement (MOA) for Adult Vaccines: Both Provider and DHEC must retain the original/copy for (6) six years.
3. If the provider is directed to return vaccine to McKesson, a copy of the completed form must be sent with the vaccine to McKesson.