

Return & Adjustment Form

Provider Name: _____ **PIN:** _____
 Address: _____ **Phone:** _____
 City & Zip: _____ **Fax:** _____
 Contact: _____ **Date:** _____

Vaccine Name	Mfg.	Check one	Lot #	Expiration Date	Adjustment Code*	Total Doses
		<input type="checkbox"/> vials <input type="checkbox"/> syringes				
		<input type="checkbox"/> vials <input type="checkbox"/> syringes				
		<input type="checkbox"/> vials <input type="checkbox"/> syringes				
		<input type="checkbox"/> vials <input type="checkbox"/> syringes				
		<input type="checkbox"/> vials <input type="checkbox"/> syringes				

Open multi-dose vials and partial boxes are not transferable, therefore please try to use them until they expire.

***ADJUSTMENT CODES (Choose from one of the following codes)**

- | | |
|---|---|
| 2. Returned to VFC office in usable state
3. Wasted or Out of Range Temperatures
4. Expired vaccine
5. Damaged in transit (explain in comment section)*
6. Failure to store properly upon receipt by provider
7. Refrigeration failure reported by provider* | 8. Vaccine transferred from your office to another location (enter name, pin #, and address in comment section)
11. Lost or unaccounted for in provider inventory
12. For AIPO Use Only |
|---|---|

Comments: _____

Name of Practice receiving the transfer: _____

Signature of person receiving transfer: _____ **PIN:** _____

<input type="checkbox"/> VFC Staff pick-up Date & Initials: _____ <input type="checkbox"/> Temperature Logs attached <input type="checkbox"/> Billable <input type="checkbox"/> Non-Billable <input type="checkbox"/> Viable <input type="checkbox"/> Non-Viable	For Vaccine Center Approval Stamp Only:
---	--

VFC requires 3 months notice prior to expiration date notice for pick up and transfer of viable vaccines.

How to Complete the R & A Form

Use this form for any adjustments to VFC vaccine inventory. Before returning any vaccine to the address below, please contact the Vaccine Center at **(602) 364-3679** for packaging instructions. Providers returning vaccine are responsible for all return shipping costs on viable vaccines. McKesson will pay for the return of Expired/wasted vaccines after receiving the "Approval stamp" from the Vaccine Center.

- **Remember we require a 3 month (90 DAYS) notice prior to the expiration date to avoid being billed for wasted VFC Vaccines.**
- **Use one R&A for viable vaccine and another R&A for wasted or expired vaccines.**
- **DO NOT PUT BOTH VIABLE & NON-VIABLE ON SAME FORM**
 - 1) Enter provider or facility name.
 - 2) Enter your provider identification number (PIN). If you do not know your PIN, please call the Vaccine Center.
 - 3) Enter Provider or facility's complete address, suite #, phone, and **fax numbers**.
 - 4) Enter the name of the person completing the form.
 - 5) Enter the date the form is completed.
 - 6) Enter the vaccine type, manufacturer and lot number of the vaccine requiring inventory adjustment.
 - 7) Enter the adjustment code (reason) from the list provided.
 - 8) Enter the number of doses requiring inventory adjustment.
 - 9) Please explain the reason for the adjustment code in the comment section.
 - 10) If vaccine is being transferred to another provider or facility, complete the name, and PIN of the facility receiving the vaccine at the bottom of form. Fax a copy of the Return & Adjustment Form (R&A) to the Vaccine Center at **(602) 364-3276 after it has been transferred and signed by the receiving VFC contact.**
 - 11) Fax the R&A to the Vaccine Center (602)364-3276 for approval and special instructions for the **return of viable and/or expired/wasted vaccines**.
 - 12) Keep a copy of the Vaccine Return & Adjustment Form for your files.
 - 13) **For Quality control reasons – only vaccines in their original boxes and full boxes will be accepted.**
 - 14) **NO open multi-dose vials or syringes that you filled yourself but did not use will be accepted.**