NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) BUREAU OF IMMUNIZATION – VACCINES FOR CHILDREN (VFC) AND CHILD HEALTH PLUS (CHPlus) PROGRAMS

EXPIRED/LOSS REPORT

Provider Name: _____

Address: _____

Contact Name:_____ Phone #:_____

VFC PIN # _____

Month/Year _____

ALL WASTED AND EXPIRED VACCINE FROM THE NYS VFC AND CHPlus PROGRAMS MUST BE RETURNED TO MCKESSON SPECIALTIES.

- **SUBMIT THIS REPORT WHETHER OR NOT A LOSS HAS OCCURRED DURING THE MONTH. THE MIN/MAX TEMPERATURE IS REQUIRED.**
- **If the loss is due to temperature problems call the NYS Vaccine Program at 1-800-543-7468 immediately.**
- **Complete all sections below.**
- **The report is due prior to placing a new vaccine order, or within 15 days from the end of the month, whichever comes first.**

Once the loss is reported, a return label will be sent by McKesson Specialties to the provider. It is the provider's responsibility to place expired vaccine in a box, enclose a copy of the completed expired/loss report, apply the return label, and give the package to your regular UPS delivery person. To expedite the process, make sure office staff is aware that the labels will be for VFC vaccine.

MINIMUM/MAXIMUM TEMPERATURE READINGS FOR THE MONTH (REQUIRED): Please label temperatures as Fahrenheit (F) or Celsius (C).

Refrigerator #1: _____/_____ Freezer #1: _____/_____ Refrigerator #2: _____/_____ Freezer #2: _____/_____
MIN MAX MIN MAX MIN MAX MIN MAX

Vaccine	Manufacturer	Lot Number	Expiration Date	Reason for Loss	Number of Doses to be Returned

Completed form should be faxed to NYS Vaccine Program: (518) 474-4222
If you have any questions, please call 1-800-543-7468 (1-800-KID-SHOTS)