

Return Form for Ontario Publicly-Funded Vaccines/Tuberculin Solution

Fax completed form to (705) 743-2897

Return Date (YYYY/MM/DD):	Panorama Premise #:	
Facility Name:	Health Care Providers:	Suite #:
Contact Name:	Telephone Number:	

Arebiologics included? ☐ No ☐ Yes > were they returned under cold chain conditions (+2°C to +8°C) ☐ Yes ☐ No

Product	Lot Number	Expiry Date (YYYY/MM/DD)	Dose /box	Doses Returned	Return Code*	For Office Use
Act – Hib						
Adacel						
Adacel-Polio						
Boostrix-Polio						
Engerix-B (Paediatric)						
Engerix-B (Adolescent/Adult)						
Fluad						
Flulaval Tetra						
Fluviral						
Fluzone Quad HD						
Fluzone Quad						
Gardasil-9						
HAVRIX 720						
HAVRIX 1440						
Imovax-Polio						
Inovax-Rabies						
Menactra						
Menjugate						
M-M-R II						
NeisVac-C						
Nimenrix ^{MD}						
Pediacel						
Pentacel						
Pneumovax 23						
Prevnar 13						
Prenvar 20						
Priorix						
Priorix Tetra						
ProQuad						
RabAvert						
Rabies Immune Globulin						
Recombivax HB (Paediatric)						
Recombivax HB						
Rotarix						
Shingrix						
Td Adsorbed						
Tubersol						
VAQTA						
Varilrix						
Varivax III						
Vaxneuvance						
Zostavax						
Diluent (GSK)						
Diluent (Merck)						

*RETURN CODES: **FC**: Facility Closure **CCP**: Cold chain incident – power outage **RP**: Recalled product **DP**: Damaged product

CCM: Cold chain incident/ malfunction: refrigerator/ freezer/ equipment **CCH**: Cold chain incident – human error **EX**: Expired product

CCT: Cold chain incident – temperature breached in transit **CCE**: Cold chain incident – emergency/natural disaster **DI**: Discontinued product

Returns Received on: 20_/_/_ By: _____ Panorama entry: 20_/_/_ _____ Panorama Req#: _____