

## HSE NATIONAL COLD CHAIN SERVICE VACCINE RETURN FORM



Unused/unopened vaccines MUST be returned for destruction.

Please return vaccines in their original packaging with completed form.

Only return vaccines received from NCCS.

SHARPS MUST NOT BE INCLUDED.

NCCS Account Number:	300					
Name of Site				Phone:		
Customer Name:						
Customer Signature:				Date:		
Customer email:						
Reason for return: Please tick√ all that apply	Expired stock	Excess stock	Damaged stoo	ck End of flu	season	Temp excursion/ fridge failure

## PLEASE COMPLETE IN FULL

Product Name	Quantity	Batch / Lot Number	Expiry Date
Bexsero			
Boostrix			
DiteBooster			
Engerix B			
Fendrix			
Fluenz Tetra (LAIV)			
FLU (QIV)			
Gardasil 9			
Havrix Monodose			
Havrix Junior			
HBVaxPro 5			
HBVaxPro 40			
Hiberix			
Infanrix Hexa			
Menitorix			
Menjugate			
MMRVaxPro			
Nimenrix			
Pneumovax			
Prevenar 13			
Priorix			
Revaxis			
Rotarix			
Tetravac			
COVID -19			
Other vaccines:			

Note: COVID19 vaccine expiry date is superseded by "Use Before Date".