



**HSE National Cold Chain Service**  
**United Drug House, Magna Business Park,**  
**Citywest Road, Dublin 24.**

**Vaccine  
 Return  
 Form**

Route Code:

**THIS FORM SHOULD BE COMPLETED BY ANYONE RETURNING OUT OF DATE AND UNUSED VACCINES FOR DESTRUCTION.**

**ONLY UNUSED/UNOPENED HSE VACCINES IN ITS ORIGINAL PACKAGING CAN BE RETURNED WHICH MUST BE PLACED IN A RETURNS BOX.  
 No SHARPS ARE ACCEPTED.**

NAME of SITE			
NCCS ACCOUNT NUMBER		PHONE:	
CUSTOMER NAME			
CUSTOMER SIGNATURE:		DATE OF PICK-UP OF RETURNS	

**PLEASE COMPLETE IN FULL**

VACCINE NAME	PRODUCT NAME	QUANTITY	BATCH/ LOT NUMBER	EXPIRY DATE
6 in 1	Infanrix Hexa			
4 in 1	IPV Boostrix			
	Tetravac			
Men B	Bexsero			
Men C	Menjugate			
MMR	MMR VAX Pro			
	Priorix			
Hib/Men C	Menitorix			
PCV 13	Prevenar 13			
Hib	Hiberix			
Rota	Rotarix			
MenACWY	Nimenrix			
PPV23	Pneumovax			
Influenza Vaccine	QIV			
	Fluad Tetra			
	FLuenz Tetra (LAIV)			
Tdap	Boostrix			
Td	Dite Booster			
Hepatitis B Adult	Engerix B/Fendrix			
Hepatitis B Paediatric	HBVaxPro 5			
Hepatitis A Adult	Havrix			
Hepatitis A Junior	Havrix Junior			
COVID-19 Vaccine				
Others (please give details of each vaccine)				

**Note: COVID-19 vaccines may be returned due to “use before date” reached or temperature deviation or other technical reasons as advised by NIO.**