



# HSE NATIONAL COLD CHAIN SERVICE VACCINE RETURN FORM



**Please complete fully and place in box with vaccines for destruction.  
Only unused/unopened vaccines in their original packaging received from NCCS  
should be included.**

**SHARPS MUST NOT BE INCLUDED.**

NCCS Account Number:	300_ _ _ _		
Name of Site:		Phone:	
Customer Name:			
Customer Signature:		Date:	
Customer email:			

**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 Junior			
Havrix Monodose			
HBVAXPRO 5			
HBVAXPRO 40			
Hiberix			
Infanrix Hexa			
Menitorix			
Menjugate			
M-M-RVaxPro			
Nimenrix			
Pneumovax			
Prevenar 13			
Priorix			
Revaxis			
Rotarix			
Tetravac			
COVID -19			

Note: COVID19 vaccine expiry date is superseded by "Use Before Date".