

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*).
2. York Region Public Health will only accept wastage of publicly-funded vaccines listed in our vaccine order forms. **Do not drop off other products, including: drugs, specimens, test kits or medical waste.**
3. Please contact us at 1-877-464-9675 ext. 74033 or email vaccineinventory@york.ca for more information.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Holding Point Code (HPC): YOR_NW_	*Premise/Provider Name
*Address	*Phone number

SECTION 3 – DROP OFF LOCATIONS

***Select Pick Up Location – pick up hours may vary. Please visit York.ca/vaccineinventory or call 1-877-464-9675 ext. 74033 for information on pick up times.**

Newmarket 17150 Yonge Street	Richmond Hill 50 High Tech Road	Georgina 24262 Woodbine Avenue
Vaughan 9060 Jane Street	Markham 4261 Highway 7 East	

SECTION 4 – ACCOUNTABILITY STATEMENT

By submitting this form, I verify on behalf of the premise/provider that I am **only returning publicly-funded vaccines** received from York Region Public Health and that all due diligence has been taken to prevent unnecessary wastage.

*Print Name	*Signature	*Date (mm/dd/yyyy)
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DID YOU KNOW?

Vaccines remain potent until the last day of the month unless a specific expiry date is labelled. For example, if an expiry states MR 2021, the vaccine can be used until March 31, 2021.

Complete and submit pages 1 and 2

SECTION 5 – WASTAGE CODES

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| CCE – Cold Chain: Emergency/Natural Disaster | DP – Damaged Product |
| CCH – Cold Chain: Human Error | EQ – Excessive Quantity |
| CCM – Cold Chain: Equipment Malfunction | EX – Expired Product |
| CCP – Cold Chain: Power Outage | FC – Facility Closure |
| CTP – Cold Chain: Breach in Transit | RP – Recalled Product |
| DE – Defective Product | SV – Suspected Vaccine Contamination |
| DI – Discontinued Product | |

*Vaccine Name	*LOT Number	*Expiry Date	*No. of Doses	*Wastage Code	Office Use Only	
					Partial Vial	Full Vial
Example: Adacel®	1A2B3C	March 2018	4	EX		

FOR OFFICE USE ONLY

IBSB Received By	<input type="text"/>	IBSB Date Received	<input type="text"/>
Sorted By/Date	<input type="text"/>	Entered to Panorama By/Date	<input type="text"/>
Return ID	<input type="text"/>	Return Authorization Number	<input type="text"/>
Panorama Ship Status Updated By/Date		<input type="text"/>	