# VACCINE RETURN FORM

**1-800-265-7293**
Vaccine Order Inquiries Ext. 4170
General Immunization Information Ext. 4744

To return vaccine to Wellington-Dufferin-Guelph Public Health:

- Please complete the information below for **each vaccine** that is being returned
- Place vaccine that is being returned into a **bag labelled DO NOT USE**
- **Attach this form** to the bag containing vaccine to be returned
- Return to a WDGPH office with your next vaccine pick-up or delivery

| **FACILITY INFORMATION** | |
|---|---|
| **Doctor/Facility Name:** | **Date of return:** |
| **Phone #:** | |

| Name of Vaccine | # of Doses | Lot # | Expiry Date | Reason for Return |
|---|---|---|---|---|
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**Examples of reasons for return:**

- **Expired**
- **Cold Chain Failure**
- **Damaged**
- **Power Outage**