Return Form for Ontario Publicly-Funded Vaccines/Tuberculin Solution  Fax completed form to (705) 743-2897  Peterborough Public Health							
Return Date (yyyy/mm/dd):		Panorama Premise #:					
Facility Name:		Health Care Providers:				Suite #:	
Contact Name:		Telephone Number:					
Are biologics included? No	hey returned under	ey returned under cold chain conditions (+2°C to +8°C) Yes No					
Product	Lot Number	Expiry Date (yyyy/mm/dd)	Dose /box	Doses Returned	Return Code*	For Office Use	
Act – Hib							
Adacel							
Adacel-Polio							
Boostrix-Polio							
Engerix-B (Paediatric)							
Engerix-B (Adolescent/Adult)							
Fluad							
Flulaval Tetra							
Flumist							
Fluviral							
Fluzone Quad HD							
Fluzone Quad							
Gardisil-9							
HAVRIX 720							
HAVRIX 1440							
Imovax-Polio Inovax-Rabies							
Menactra							
Menjugate M-M-R II					_		
NeisVac-C					<del> </del>		
Nimenrix MD					<del> </del>		
Pediacel					<del> </del>		
Pneumovax 23							
Prevnar 13							
Priorix							
Priorix Tetra							
ProQuad							
RabAvert							
Rabies Immune Globulin							
Recombivax HB (Paediatric)							
Recombivax HB							
Rotarix							
Shingrix							
Td Adsorbed							
Tubersol							
VAQTA							
Varlirix							
Varivax III							
Zostavax					1		
Diluent (GSK)					1		
Diluent (Merck)							
( (					1		
*RETURN CODES: <b>FC</b> : Facility Closure	CCP: Cold chain i	ncident – power outa	ge <b>RP</b> :	Recalled product	DP	: Damaged product	
CCM: Cold chain incident/ malfunction: refrigerator/ freezer/ equipment							
CCT: Cold chain incident – temperature breached in transit							
Returns Received on: 20//							
Updated: November 21, 2022							