



Online Registry Vaccine Management: Reporting Expired or Spoiled Vaccine

NYC Department of Health & Mental Hygiene
Bureau of Immunization
May 2013

Online VFC expired/spoiled vaccine return management and reporting:



Reporting expired and spoiled vaccine through the Online Registry:

A simple 3-step process:

1. Enter expired/spoiled VFC vaccine information.
2. Review/confirm expired/spoiled VFC vaccine information.
3. Receive "VFC Vaccine Return Receipt."

Getting to the Spoiled/Expired Page

The screenshot shows the 'Online Registry' interface. At the top, there are two main sections: 'PATIENTS' and 'PRACTICE'. The 'PATIENTS' section includes 'Search', 'MyList', 'Reports', and 'Add/Edit'. The 'PRACTICE' section includes 'Tools', 'Recall', 'Adv. Event', and 'VFC'. To the right of these are 'Set Up', 'Adult', 'Help', and 'LogOut'. Below the navigation bar, there is a welcome message for 'Alaina Stoute' at 'Citywide Immunization Registry (CIR)' with the address '42-09 28th Street'. A row of icons is visible, including a VFC icon (two vials) which is highlighted with a red arrow. Below the icons, there is a row of tabs: 'Order VFC Vaccine', 'Order Influenza Vaccine', 'Vaccine Order Tracking', 'VFC Vaccine Returns' (highlighted with a red arrow), 'Other VFC Forms', 'Doses Administered', 'VFC Eligibility Report', and '2013 VFC Re-enrollment'.

1. Enter expired/spoiled VFC vaccine information.
 - To report expired/spoiled vaccine, complete **all** the fields in the "Expired /Spoiled Vaccines Return Form" below.
2. Review/confirm expired/spoiled VFC vaccine information.
3. Receive VFC Vaccine Return Receipt.

● **Please note: Vaccines that have expired more than 6 months ago or that are in open multi-dose vials cannot be returned; you must dispose of them properly. Please select "wastage" on the form below under "Vaccine Return Reason".**

⚠ **Please print the VFC Vaccine Return Receipt in the last step of the return process and insert it in a shipping box with your non-viable vaccines.**

- Click on the VFC icon.
- Click on "VFC Vaccine Returns" tab.

Expired/Spoiled Return Contact Information

VFC PIN: BAA VFCCIR	Provider Name: CITY IMMUNIZATION REGISTRY	Transact Date: 05/09/2013	
Contact: <input type="text" value="SMITH MARY"/>	Phone/Ext: <input type="text" value="(212) 555-5555"/>	Fax: <input type="text" value="(212) 555-5555"/>	Email: <input type="text" value="MSMITH@YAHOO.XXX"/>

VFC Vaccine Returns:

- Check the contact information at the top of the page and update if needed. This should be the person in charge of submitting the return form.

Step 1a. Enter spoiled/expired vaccine information on VFC stock



VFC Vaccine Returns:

Vaccine Return Reason	Vaccine Type	Brand	Manufacturer	Vaccine Lot	Exp. Date	Unit Presentation	# of Doses	
<input type="button" value="Reset"/> -- Select -- -- Select -- Hurricane Sandy Expired vaccine <= 6 months Improper storage upon receipt Refrigeration failure Power Outage Opened multi-dose vial Expired vaccine > 6 months Other - not usable								<input type="button" value="Add Return +"/>

Note: You can add up to **25 returns** in this Expired /Spoiled Vaccines Return Form. If you need to add more returns, complete and submit the current form, then complete and submit an additional Expired /Spoiled Vaccines Return Form(s).

Done Trusted sites | Prote

- Select *Vaccine Return Reason*, *Vaccine Type*, *Brand*, *Manufacturer*, *Vaccine Lot*, *Expiration Date*, and *Unit Presentation* from the dropdown lists for each lot of returned vaccine.
- Enter the number of doses returned for each vaccine lot.
- Click the button to add additional vaccine returns.



Step 1b. Enter spoiled/expired vaccine information on borrowed stock

If you have previously borrowed vaccines from your VFC stock to use on non-VFC eligible patients, do you currently have in your VFC stock any expired/spoiled privately purchased vaccines that were used to replace what you borrowed and now need to return? Yes No

Return privately purchased vaccine inventory which was used to replace VFC Inventory:

Vaccine Return Reason	Vaccine Type	Brand	Manufacturer	Vaccine Lot	Exp. Date	Unit Presentation	# of Doses
<input type="button" value="Reset"/> -- Select -- -- Select -- Hurricane Sandy Expired vaccine <= 6 months Improper storage upon receipt Refrigeration failure Power Outage Opened multi-dose vial Expired vaccine > 6 months Other - not usable							

Note: You can add up to **5 returns** in this section of the Expired /Spoiled Vaccines Return Form. If you need to add more returns, complete and submit the current form, then complete and submit an additional Expired /Spoiled Vaccines Return Form(s).

Number of Return Labels Requested

- If you are returning privately-purchased vaccine which was used to replace VFC Inventory (after borrowing VFC vaccine was documented), please select "Yes" to the question highlighted in blue, a new section will appear on the screen. If not, please select "No."
- For the privately-purchased replacement vaccine, select from each of the drop-down lists a *Vaccine Return Reason*, *Vaccine Type*, *Brand*, and *Manufacturer*.
- Type in the vaccine lot, expiration date, and number of doses for the replacement vaccine.



Step 1c. Request labels

Vaccine Return Reason	Vaccine Type	Brand	Manufacturer	Vaccine Lot	Exp. Date	Unit Presentation	# of Doses	
Reset Expired vaccine <= 6 months	DTaP	DAPTACEL	SANOFI PASTEUR	C3916AA	12/02/2013	SDV: 10-Pac	100	Add Return

Note: You can add up to **25 returns** in this Expired /Spoiled Vaccines Return Form. If you need to add more returns, complete and submit the current form, then complete and submit an additional Expired /Spoiled Vaccines Return Form(s).

If you have previously borrowed vaccines from your VFC stock to use on non-VFC eligible patients, do you currently have in your VFC stock any expired/spoiled privately purchased vaccines that were used to replace what you borrowed and now need to return? Yes No

Number of Return Labels Requested

[Clear](#) [Continue](#)

- Please select the number of return labels needed based on the size of your vaccine return.
- Select

Step 2. Review/confirm expired/spoiled VFC vaccine information



Expired/Spoiled Return Contact Information

VFC PIN: BAA VFCCIR Provider Name: CITY IMMUNIZATION REGISTRY Transact Date: 05/10/2013
Contact: SMITH MARY Phone/Ext: (212) 555-5555 Fax: (212) 555-5555 Email: MSMITH@YAHOO.XXX

VFC Vaccine Returns:

VFC Return #1

Vaccine Return Reason:

Spoilage - Hurricane

Vaccine Type:

DTaP-IPV/Hib

NDC:

49281-0510-05

Brand:

Pentacel

Manufacturer:

SANOPI PASTEUR

Vaccine Lot:

C3932AB

Expiration Date:

03/07/2013

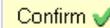
Unit Presentation:

SDV; 5-Pack

Number of Doses:

3

Number of Return Labels Requested: 1



- Review/confirm the expired/spoiled VFC vaccine information.
- Select  to update any incorrect or missing information.
- Select  once all of the information is accurate.

Step 3. Receive confirmation of VFC Vaccine Return form submission



✓ Thank you. This VFC Vaccine Return form has been submitted by **Mary Smith** on **05/10/2013 at 1:38 PM**.

The confirmation number is **215**. A copy of this return has been emailed to **MSMITH@YAHOO.XXX**.

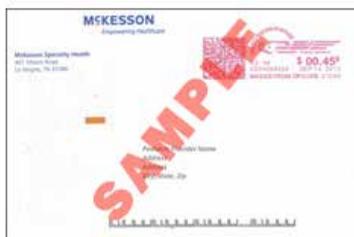


- Please use the [Printer-Friendly Format](#) link below to print this confirmation and **only** insert the VFC Vaccine Return Receipt with your expired/spoiled vaccines in an empty shipping box. If you are unable to print the screen, you can also print the email confirmation you will receive and include it in the vaccine delivery box.
- If returning vaccines, return label(s) will be sent to you from McKesson Specialty after you submit your form to the Bureau of Immunization. Please allow up to 2 weeks for delivery.
- **DO NOT** mail any vaccine products directly to the Bureau of Immunization. They will be returned to you.
- **DO NOT** include ice packs.
- **DO NOT** send open vials, broken vials or syringes.
- Give the packed and labeled box to UPS the next time a delivery is made to your site.
- Only the vaccines that you originally reported on the expired/spoiled form will be accepted. Please do not add any additional vaccines to the box.
- Please **DO NOT** call McKesson Specialty, UPS, or Federal Express to arrange a pickup or you will be charged for the pickup. Below are samples of the return label and return envelope.
- Please e-mail nycimmunize@health.nyc.gov or call 347-396-2405 with your CIR facility code and/or VFC PIN if you have questions.

Sample Return Label



Sample Return Envelope



Step 3. Receive VFC Vaccine Return Receipt



**NYC Department of Health & Mental Hygiene
Bureau of Immunization
Vaccines for Children Program**

VFC VACCINE RETURN RECEIPT

Expired/Spoiled Return Contact Information

Transact Date: 05/09/2013

VFC PIN:
BAA VFCCIR
Contact:
SMITH MARY

Provider Name:
CITY IMMUNIZATION REGISTRY
Phone/Ext:
(212) 555-5555

Fax:
(212) 555-5555

Email:
MSMITH@YAHOO.XXX

VFC Returns

VFC Return #1

Vaccine Return Reason:
Improper storage upon receipt

Brand:
Pediarix (Primary Series Only)

Expiration Date:
02/21/2014

Vaccine Type:
DTaP-HepB-IPV

Manufacturer:
GLAXOSMITHKLINE

Unit Presentation:
0.5ml SYR; 10-Pack

NDC:
58160-0811-52

Vaccine Lot:
AC21B344CA

Number of Doses:
10

Number of Return Labels Requested: 1

- Insert the VFC Vaccine Return Receipt with your spoiled/expired vaccine in an expired shipping box.

Contact



If you have questions regarding the Citywide Immunization Registry please email us at:

nycimmunize@health.nyc.gov