Niagara Region

Vaccine Inventory and Return Form (VIRF)

Niagara Region Public Health
1815 Sir Isaac Brock Way, Campbell East, Thorold, Ontario L2V 4T7
905-688-8248 or Toll Free: 1-888-505-6074 ext 7396 Fax: 905-688-4667
niagararegion.ca/health

Facility Name: _____

Date (yy/mm/dd): _____

Use this form to identify current vaccine stock when a cold chain excursion occurs and/or when returning vaccine to Public Health
Complete all appropriate boxes

Fax back to **905-688-4667** when completing this form for a cold chain excursion

When returning vaccine:

1. Place returned vaccine in a paper bag
2. Attach form to bag (or place inside) and close securely
3. Write "Vaccine Return" and your facility's name on the outside of the bag
4. Return directly to your local Public Health office or send back via the delivery service

RETURN CODES

A = Expired
B = Cold Chain failure
C = Other (please specify)

Vaccine Name	# of Vials	Opened vial Y/N	Lot#	Expiry Date	Date of previous exposure, if applicable	Return code	Public Health Use Only		
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Visit the health care professionals' webpage at niagararegion.ca/health/professionals to stay up-to-date on pertinent information.