

Name of pharmacy/clinic: _____

Contact person: _____

Return date: _____

Address: _____

Phone #: _____ Fax #: _____

Vaccine	Lot #	Expiry date (YYYY/MM/DD)	*Reason for return (code)	Doses

***Reason for return (In the event of a cold chain failure, please quarantine the vaccine and call the local health unit for direction.)**

1. Expired product
2. Cold chain failure - Handling error/equipment failure/power outage
3. Recall
4. Other (specify): _____

Northwest	Northern Interior	Northeast
Atlin Health Centre T: 250-651-7677 F: 250-651-7687 Dease Lake T: 250-771-4444 F: 250-771-3911 Hazelton T: 250-842-4640 F: 250-842-4642 Houston T: 250-845-2294 F: 250-845-7884 Kitimat T: 250-632-3181 F: 250-632-7081 Masset T: 250-626-4702 F: 250-626-4708 Prince Rupert T: 250-622-6380 F: 250-622-6391 Daajing Giids T: 250-559-4933 F: 250-559-8037 Smithers T: 250-847-6400 F: 250-847-5908 Stewart T: 250-636-2221 F: 250-636-2715 Terrace T: 250-631-4200 F: 250-638-2264	Burns Lake T: 250-692-2412 F: 250-692-2469 Fort St. James T: 250-996-2700 F: 250-996-8212 Fraser Lake T: 250-699-6225 F: 250-699-6987 Mackenzie T: 250-997-8517 F: 250-997-3253 McBride T: 250-569-2251 ext 2026 F: 250-569-2232 Prince George T: 250-645-8973 F: 250-645-7981 Quesnel T: 250-985-5657 F: 250-983-6843 Valemount T: 250-566-9138 ext. 2000 F: 250-566-4319 Vanderhoof T: 250-567-6900 F: 250-567-6170	Chetwynd T: 250-788-7300 F: 250-788-9877 Dawson Creek T: 250-719-6500 F: 250-795-6236 Fort Nelson T: 250-774-7092 F: 250-774-7096 Fort St John T: 250-263-6000 ext 6098 F: 778-576-0195 Hudson's Hope T: 250-783-9991 F: 250-783-9125 Tumbler Ridge T: 250-242-5271 F: 250-242-3889

