DC HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

VACCINE RETURN REQUEST

Provider must submit this request at least 120-150 before the expiration date of vaccines. Provider must notify VFC program of any vaccine doses that will expire before they can be administered. Provider is responsible for the replacement costs for vaccines if a request is not submitted within stated timeframe.

Ways to submit the form:

Submit by fax to :202-541-5906 **Submit by mail:** 899 North Capitol St NE, Suite 300, Washington, DC 20002
Submit by email: Jacob.Mbafor@dc.gov & Gabriela.Lemus@dc.gov

Name of practice: _____ Pin: _____Contact Phone: _____ Fax: _____
Date of submitted request: _____Contact Name: _____ Contact email: _____

Vaccine Name	Lot Number	Expiration date	Doses to return	NDC Number	Comments

Have you been routinely administering vaccines with the earliest expiration dates first? (Please circle/check your response: Yes_____ No_____

Signature: _____ Date: _____

Approval date:_____ Actions:_____

Revised 3.15.2018 HB