



- Instructions:**
1. Complete and return this form to the Indiana Department of Health (IDOH) Immunization program.
 2. Complete for **COVID-19 vaccines only**.
 3. Email a copy to immunize@isdh.in.gov. Save a copy for your own records.

A. Provider Information:

Date (month, day, year)	COVID-19 Facility Pin Number
Facility Name	
Facility Address	
Contact Name	
Contact Email Address (required)	Contact Phone Number

B. Reason for Wastage (Include letter for return reason in table below in Waste Reason column):

- | | |
|---|---|
| A. Expired | H. Vaccine spoiled in transit |
| B. Failure to store properly upon receipt | I. Broken Vial/syringe |
| C. Mechanical Failure | J. Lost or unaccounted for in provider inventory |
| D. Natural Disaster | K. Open vial but all doses not administered |
| E. Refrigerator/Freezer too cold | L. Vaccine drawn into syringe by not administered |
| F. Refrigerator/Freezer too warm | M. Other _____ |
| G. Spoiled – other | _____ |

C. List Vaccine to be Returned

Waste Reason	Vaccine Brand Name	Vaccine NDC #	Lot #	Expiration Date (XX/XX/XXXX)	Number of Doses

Signature: _____

Date (month, day, year): _____