

Creating a Vaccine Return Tip Sheet

Requirements for creating a Vaccine Return:

- The vaccine must be a Federal vaccine (VFC or 317).
- Expiration must have been within the last six months (vaccine with an expiration date older than six months cannot be returned in DelVAX).
 - If the expired vaccine is greater than 6 months old, a “Vaccine Return” form must be completed and sent to the Bureau of Immunizations. The form can be obtained by contacting the Bureau of Immunizations.
- The vaccine must be unopened, punctured vials cannot be returned.
 - If the vaccine vial is punctured, it can be wasted.
 - If the COVID-19 vaccine is not used within its designated ‘use by’ period, it may be wasted. If a dose is drawn, and not used, that dose may be wasted.
- Vaccine that has been exposed to a temperature excursion should also be returned.

To check which vaccines need to be returned:

On the left gray bar on the DelVAX homepage, select “Inventory,” then select “Vaccines,” then choose “On Hand.”

- Select the inventory location.
- Then, in the “Status” box, select the “Depleted/Expired.”
- Click “Filter.”
 - This will show any vaccines that have expired. If there is an expired federal vaccine with an inventory count, these vaccines need to be returned.

Filter Options

Inventory Location QUALITY INSIGHT-AGR	Status DEPLETED/EXPIRED
Vaccine	Funding Source

Filter

Vaccine Inventory On-Hand [Learn More](#)

Add New Inventory [Links](#)

Location	Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
QUALITY INSIGHT-AGR-00001 (AGGREGATE REPORTER)	COVID-19 MRNA (PFR) (PFIZER COVID-19 (195 X 6 (0.3ML/DOSE) MDV))	PFR	59267-1000-02	789456120	12/31/2022	FEDERAL	0	? Action
QUALITY INSIGHT-AGR-00001 (AGGREGATE REPORTER)	HEP A, PEDIADOL 20 (HAVRIX (0.5 ML X 10 VIALS))	SKB	58160-0825-11	ABC113	01/28/2019	FEDERAL	0	? Action
QUALITY INSIGHT-AGR-00001 (AGGREGATE REPORTER)	HEP B, PEDIADOL (ENGERIX B (0.5 ML X 10 VIALS))	SKB	58160-0820-11	HAP709	02/02/2020	FEDERAL	15	? Action
QUALITY INSIGHT-AGR-00001 (AGGREGATE REPORTER)	HPV9 (GARDASIL 9)	MSD	05005-4119-03	12QW	06/13/2022	FEDERAL	0	? Action
QUALITY INSIGHT-AGR-00001 (AGGREGATE REPORTER)	MCV4 (MENACTRA) (MENACTRA (0.5 ML X 5 VIALS))	PMC	49281-0589-05	KL2635	04/15/2019	FEDERAL	0	? Action
QUALITY INSIGHT-AGR-00001 (AGGREGATE REPORTER)	MCV4 (MENACTRA) (MENACTRA (0.5 ML X 5 VIALS))	PMC	49281-0589-05	TEX111	04/14/2020	FEDERAL	0	? Action

Two ways to initiate a return:

1. Through the reconciliation process:
 - a. If a reconciliation is initiated and the site has an expired vaccine that needs to be returned, an error message will appear that says, "Expired Inventory at this location, prior to previous count Date/Time."

Pre-Check Results

- ✔ No Open Reconciliation for this inventory location
- ✘ There are Returns in Process for this Clinic [Resolve](#)
- ✔ No Rejected Returns outstanding for this Clinic
- ✘ Expired Inventory at this inventory location, prior to previous Count Date/Time. [Resolve](#)
- ✔ No Vaccines Added but not Administered
- ✔ No Pending Inventory Transfers
- ✔ No Pending VTrcks Shipment

[Cancel](#)

- i. If this occurs, click the "resolve" button to initiate the return.
- ii. Move to step 2b.

2. Through the Inventory feature:
 - a. On the left gray bar of the DelVAX homepage:
 - i. Select “Inventory.”
 - ii. Then select “Vaccines.”
 - iii. Choose “Vaccine Returns.”
 - b. Select the clinic name.
 - c. Select “Add New Vaccine Return” in the upper right-hand corner.

Vaccine Returns [Learn More](#) Add New Vaccine Return

Search

Clinic: **QUALITY INSIGHT PEDIATRICS** (dropdown)

Return Status: (ALL) (dropdown)

Return Reason: (dropdown)

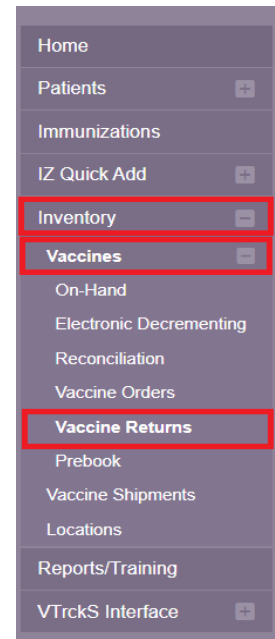
Return Type: (dropdown)

Return Date Range: From: 05/23/2022 Through: 08/23/2022

Date Submitted to VTrckS Date Range: From: MM/DD/YYYY Through: MM/DD/YYYY

Date Submitted to Program Date Range: From: MM/DD/YYYY Through: MM/DD/YYYY

Buttons: Previous Criteria, Clear, Search



- d. Select the correct “Clinic.”
- e. Click “Next.”
- f. Verify that the primary shipping contact and address are correct.
 - i. If the shipping contact and/or address are incorrect, contact the Bureau of Immunizations.

Add Vaccine Return Creation ... i

Cancel

Next

Add

Clinic:QUALITY INSIGHT PEDIATRICS

Primary Shipping Contact

Name: PRIMARY CONTACT

Phone: 302-555-1234

Fax:

Email:

Shipping Address

1234 ABCDE ST

DOVER, DE 19901-0000

Delivery Information

	Delivery Time 1		Delivery Time 2	
	From	To	From	To
Monday	08:00	19:00		
Tuesday	08:00	19:00		
Wednesday	08:00	19:00		
Thursday	08:00	19:00		
Friday	08:00	19:00		
Saturday				
Sunday				

Special Instructions:NO SPECIAL INSTRUCTIONS

I have reviewed the above shipping information and I certify the information is correct.

- Once the information is verified, click the box at the bottom of the screen labeled "I have reviewed the above shipping info, and I certify that the info is correct."
- Click "Next" in the upper right-hand corner.
- In the return type box, always select "Return only."
- In the return reason box, select "Expired Vaccine."
 - *Note* always select "Expired Vaccine." Spoiled vaccines must be reported as wastage.
- In the label shipping method box, select "Emailed to Provider."
 - The shipping label will be emailed to the primary vaccine coordinator
 - You should receive a shipping label within the same week you submit your return

Add

Clinic QUALITY INSIGHT PEDIATRICS		Last Approved Return Date 03/22/2021	Created By
Return Number R0823202200000100	Return Status IN WORK	Return Type * RETURN ONLY	Return Reason * EXPIRED VACCINE
Return Created Date 08/23/2022	Date Submitted to Program	Date Submitted to VTRCKS	
Label Shipping Method * EMAILED TO PROVIDER EMAIL STORED IN VTRCKS	Description	Number of Shipping Labels *	
Clinic Comments			

8. Select the number of shipping labels. This should be one unless there is a large quantity of vaccine to return and multiple labels are needed for multiple boxes.
9. In the Vaccine | MFG | NDC box, begin typing the vaccine's name. The names of the expired vaccines in the clinic inventory will appear.
10. Choose the correct vaccine from the list.
11. Enter the number of doses to be returned.
12. Click "add to return."
13. Repeat steps 9 to 12 until all expired vaccines have been added to the return.

Vaccine	Mfg	NDC	Brand/Packaging	Funding Source	Lot Number	Expiration Date	Doses Remaining	Doses Returning	Add Return
MCV4 (MENACTRA)	PMC	49281-0589-05	MENACTRA (0.5 ML X 5 VIALS)	FEDERAL	123456	08/21/2022	8	3	

Vaccination	Mfg	NDC	Brand/Packaging	Funding Src	Lot Number	Expiration Date	Doses Remaining	Doses Returned	
DTaP (Daptacel)	PMC	49281-0286-10	Daptacel (0.5 mL x 10 vials)	Federal	123456	07/11/2022	10	10	⊗

14. Once all of the vaccines to be returned are added, click "Create" at the top of the screen.
15. Next, click the "update" dropdown.
16. Select "Submit to VFC Program." The return is not complete until it is submitted.

✓ **Success** The Record Has Been Saved ✕

Cancel Links Update
 Delete
 Submit To VFC Program

Edit

Clinic QUALITY INSIGHT PEDIATRICS		Last Approved Return Date 03/22/2021		Created By ELISE HARRY, EHARRY@QUALITYINSIGHTS.ORG				
Return Number R0823202200000100	Return Status IN WORK	Return Type * RETURN ONLY		Return Reason * EXPIRED VACCINE				
Return Created Date 08/23/2022	Date Submitted to Program MM/DD/YYYY	Date Submitted to VTrcks MM/DD/YYYY						
Label Shipping Method * EMAILED TO PROVIDER EMAIL STORED IN VTRCKS	Description	Number of Shipping Labels * 1						
Clinic Comments								
VFC Program Comments								
Vaccine Mfg NDC Brand/Packaging Funding Source Lot Number Expiration Date Doses Remaining BEGIN TYPING A VACCINE, MFG CODE, NDC, BRAND/PACKAGING, FUNDING SOURCE, LOT #, OR DATE HERE					Doses Returning <input type="text"/>			
Add Return								
Vaccines To Return								
Vaccination	Mfg	NDC	Brand/Packaging	Funding Src	Lot Number	Expiration Date	Doses Remaining	Doses Returned
DTaP (Daptacel)	PMC	49281-0286-10	Daptacel (0.5 mL x 10 vials)	Federal	123456	07/11/2022	10	10
MCV4 (Menactra)	PMC	49281-0589-05	Menactra (0.5 mL x 5 vials)	Federal	123456	08/21/2022	8	8

- Once the shipping labels are received via email, the vaccine can be packaged and returned using the shipping labels provided.
- The shipping label will be pre-paid, and the practice should contact UPS to pick up the package.



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health



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