NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bureau of Immunization: Provider Quality Assurance Unit - Vaccines for Children
42-09 28th Ave., LIC, NY 11101 Tel. 347-396-2404 Fax: 347-396-2559 Email: nyc.immunize.org

Expire / Spoiled Vaccine Return Form

Vaccine Reported by: _____

Date: _____ **VFC Pin:**_____ **Provider Email:**_____

Site/Provider:_____ **Phone #:**_____

Contact:_____ **Title:**_____

Funding source	Vaccine Type/Brand name	NDC Number	Manufacturer	# of Doses	Lot #	Expiration Date