northern health
the northern way of caring

Community Vaccine Provider

Biological Return Form

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	**Burns Lake** T: 250-692-2412 F: 250-692-2469	**Chetwynd** T: 250-788-7300 F: 250-788-9877
Dease Lake T: 250-771-4444 F: 250-771-3911	**Fort St. James** T: 250-996-7178 F: 250-996-2216	**Dawson Creek** T: 250-719-6500 F: 250-719-6513
Hazelton T: 250-842-4640 F: 250-842-4642	**Fraser Lake** T: 250-699-7742 F: 250-699-6987	**Fort Nelson** T: 250-774-7092 F: 250-774-7096
Houston T: 250-845-2294 F: 250-845-7884	**Mackenzie** T: 250-997-8517 F: 250-997-3253	**Fort St John** T: 250-263-6000 F: 250-263-6086
Kitimat T: 250-632-3181 F: 250-632-7081	**McBride** T: 250-569-2251 ext 2026 F: 250-569-2232	**Hudson's Hope** T: 250-783-9991 F: 250-783-9125
Masset T: 250-626-4725 F: 250-626-4708	**Prince George** T: 250-565-7367 F: 250-565-7377	**Tumbler Ridge** T: 250-242-5271 F: 250-242-3889
Prince Rupert T: 250-622-6380 F: 250-622-6391	**Quesnel** T: 250-985-5657 F: 250-983-6843	
Queen Charlotte City T: 250-559-4933 F: 250-559-8037	**Valemount** T: 250-566-9138 ext. 2000 F: 250-566-4319	
Sandspit T: 250-637-5403 F: 250-637-2496	**Vanderhoof** T: 250-567-6900 F: 250-567-6170	
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		