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: 250-692-2460 F: 250-692-2469	**Chetwynd** T: 250-788-7300 F: 250-788-9877
Dease Lake T: 250-771-4444 F: 250-771-3911	**Fraser Lake** T: 250-699-8960 F: 250-699-6292	**Dawson Creek** T: 250-719-6500 F: 250-719-6513
Hazelton T: 250-842-4640 F: 250-842-4642	**Fort St. James** T: 250-996-7178 F: 250-996-2216	**Fort Nelson** T: 250-774-7092 F: 250-774-7096
Houston T: 250-845-2294 F: 250-845-2259	**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: 250-263-6000 F: 250-263-6086
Masset T: 250-626-4727 F: 250-626-5279	**Prince George** T: 250-565-7367 F: 250-565-7377	**Tumbler Ridge** T: 250-242-4262 F: 250-242-4009
Prince Rupert T: 250-622-6380 F: 250-622-6391	**Quesnel** T: 250-991-7571 F: 250-991-7577	
Queen Charlotte City T: 250-559-2350 F: 250-559-8525	**Valemount** T: 250-566-9138 ext 4228 F: 250-566-9756	
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		