



## HSE National Cold Chain Delivery Service

United Drug House, Magna Business Park, Citywest Road,  
Dublin 24.

Registered in Ireland as United Drug plc. Company No. 12244

# Vaccine Return Form

Route Code:

**THIS FORM SHOULD BE COMPLETED BY ANYONE RETURNING OUT OF DATE AND UNUSED VACCINES, WHICH REQUIRE DESTRUCTION.**

**ONLY UNUSED/UNOPENED VACCINE IN ITS ORIGINAL PACKAGING CAN BE RETURNED, PLACED IN A RETURNS BOX. NO SHARPS ARE ACCEPTED.**

NAME			
ACCOUNT NUMBER			
REASON FOR RETURNS			
DATE OF RETURN COLLECTION		DRIVERS SIGNATURE:	

**PLEASE COMPLETE IN FULL**

VACCINE NAME	PRODUCT NAME	QUANTITY	BATCH NUMBER	EXPIRY DATE
6 in 1 (DTaP/IPV/HIB/Hep B)				
5 in 1 (DTaP/IPV/HIB)				
4 in 1 (DTaP/IPV)				
Meningococcal C (Men C)				
Pneumococcal Conjugate Vaccine (PCV Paediatric)				
MMR				
Hib (Haemophilus Influenza Type B)				
Low dose Diphtheria/Tetanus (Td) (licensed for use in those over 5 years)				
Influenza Vaccine				
Pneumococcal Polysaccharide Vaccine (PPV)				
Hepatitis B Adult				
Hepatitis B Paediatric				
Others (please give details of each vaccine)				