



Department of Health & Wellness

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**Expired Provincial Immunization Program Vaccine Return Form
Community Pharmacy and PEI Health Facilities**

PURPOSE:

1. Unused vaccine that meets the below criteria should be returned to PEI Pharmacare:
 - a) Expired; AND
 - b) Supplied through the Provincial Immunization Program
2. This form **MUST** be completed and accompany all returned vaccine.

VACCINE RETURN LOCATION:

PEI Pharmacare Immunization Program
16 Fitzroy Street, Basement of Sullivan Bld
Charlottetown PE
C1A 7N8

Expired Provincial Immunization Program Vaccine Return Form		
The below information must be completed. This completed form must accompany any return vaccine.		
Name of Returning Location: _____		
Date Returned: _____		
	VACCINE #1	VACCINE #2
Vaccine Name and Strength	Name: _____ AND Strength: _____	Name: _____ AND Strength: _____
Quantity Returned	Doses: _____ OR Vials: _____	Doses: _____ OR Vials: _____
NOTE: NO COLD CHAIN IS REQUIRED FOR EXPIRED VACCINE RETURNS.		