



For Office Use Only
Vaccine Return ID:

COVID-19 Vaccine Wasted and Expired Report

PIN: _____ Facility Name: _____ Email: _____ Phone: _____ Date: _____

Use this form to report all unusable COVID-19 vaccine to the Montana Immunization Program. This includes doses that are:

- Expired (beyond labeled or published expiration date)
- Beyond use (exceed the time allowance at a step-down temperature or after puncturing the vial.)
- Wasted due to a temperature excursion. (Incident must be report to the Immunization Program using our online [Vaccine Incident Report.](#))
- Shorted (Not able to draw all full doses indicated in the EUA from the vial.)

FAX completed form to 442-4848 or email to hhsiz@mt.gov.

Please follow the steps below.

1. Fill in the table below. Use the NDC on the vaccine package or packing slip (not on the vial). The comments section is **required**. Please be specific (e.g., due to no shows, punctured vial not used, expired due to expiration date, etc.)
2. Return form to the Montana Immunization Program by faxing to 442-4848 or emailing to hhsiz@mt.gov.
3. Dispose of the doses securely according to your facility guidelines for medication waste in a manner that renders the vials and external packaging unusable.
4. **DO NOT RETURN COVID-19 vaccines** to the manufacturer, distributor, or the Immunization Program.

Vaccine Name	No of Doses	Lot No	Expiration Date	NDC Number	Comments (required)