## Appendix 4: Procedure For Return Of Refrigerated Products

**Pharmacy Department**

**Aberdeen Royal Infirmary**

**RETURN FORM FOR REFRIGERATED PRODUCTS**

 Complete form and return with vaccines as detailed below:

|  |  |
| --- | --- |
| Department name: |  |
|  |  |
| Department address: | |  | | --- | |  | |  | |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product | Batch Number | Expiry date | Quantity  returned | Comments/reasons  for return |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Type of return (please tick below) **NO OTHER RETURNS WILL BE ACCEPTED**:

□ Expired Stock

□ Temperature Excursion

□ Damaged

□ Manufacturer Recall

Return in secure package to: Vaccine Services, Pharmacy Department, Aberdeen Royal Infirmary.

|  |  |  |  |
| --- | --- | --- | --- |
| Returned by: | | Signature | Print name |
| Date |  |  |  |

All enquiries to: Vaccine Services, Pharmacy Department, ARI

Telephone: 01224 553223

Email: gram.vaccineservicesandplasmaproducts@nhs.scot