## 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