

# How do I return vaccines?







## Things You Should K10VV



Vaccines may need to be returned to the manufacturer.

For example, vaccine may have expired or may have been in a temperature excursion resulting in loss of vaccine.

If you need to return vaccine, start by entering the information in CT WiZ. Once the return is approved, you will receive a shipping label from McKesson to return the vaccine.

According to VFC regulations, all expired vaccines should be removed from your storage unit upon expiration date, adjusted for in CT WiZ, and returned to the manufacturer according to VFC regulations.



#### You will learn to

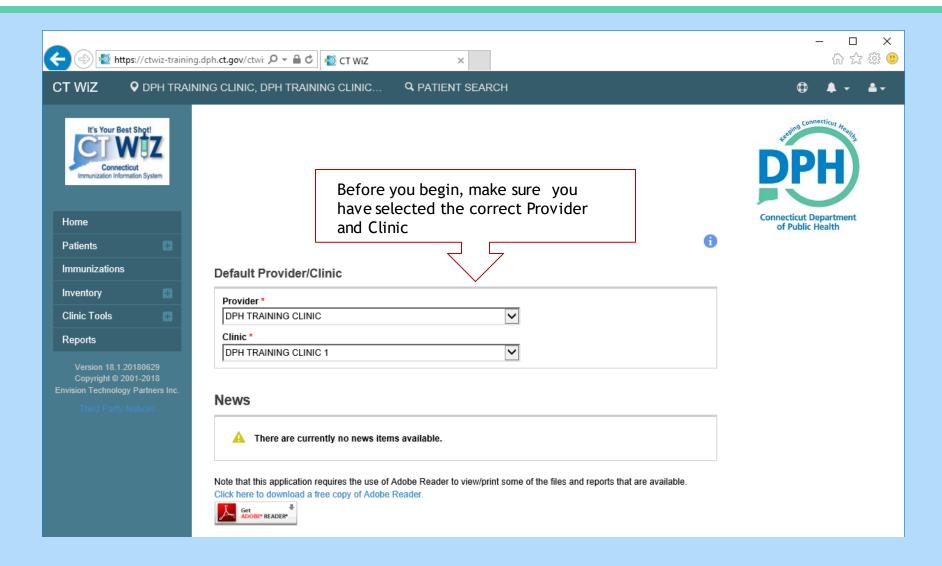


- Use CT WiZ when returning a vaccine
- Check the status of a vaccine return



#### Home Screen - Begin Here







#### Navigating to Vaccine Returns



CT WIZ	CIDS PEDIATRICS CT, WE LOVE KIDS PEDIATRICS SOUTH, Q PATIENT SEARCH
It's Your Best Shot! Connecticut Immunization Information System	
Home	
Patients	<b>(</b>
Immunizations	Default Provider/Clinic
Inventory 1	Provider *
Vaccines 2	WE LOVE KIDS PEDIATRICS CT ▼
On-Hand	Clinic *
Reconciliation	WE LOVE KIDS PEDIATRICS SOUTH ▼
Vaccine Orders Vaccine Returns	
	News
Vaccine Shipments	INCWS
Locations	⚠ There are currently no news items available.
Clinic Tools	
Reports	Note that this application requires the use of Adobe Reader to view/print some of the files and reports that are available.
Version 18.1.20180727 Copyright @ 2001-2018 Envision Technology Partners Inc. Third Party Notices	Click here to download a free copy of Adobe Reader.  Get ADOBE READER  ADOBE READER

- 1. Click on Inventory
- 2. Click on Vaccines
- 3. Click on Vaccine Returns



### Starting a New Return



#### Click Here



ange
gh: MM/DD/YYYY 🔳



## Starting a New Return - Select Your Clinic



Vaccine Returns 1 Learn More	Cancel	Next	2
Add - Select Clinic			
Clinic *			

- 1. Click the drop down to choose your clinic, this is important if linked to multiple clinics.
- 2. Click on Next.

The dropdown list will include all the clinics you are affiliated with



## Starting a New Return - Confirm Shipping and Deliver Information



dd								
Clinic:DPH	TRAININ	3 CLINI	C 2					
Primary Shi	ipping Co	ntact						
Name:								
Phone:								
Fax:								
Email:								
Shipping A	ddress							
450 CAPIT	OL AVE							
HARTFOR	RD, CT 06	106						
Delivery Inf	ormation							
	Deliver	y Time	1 Deliver	/ Time 2				
	From	To	From	To				
Monday	08:30		13:00	17:00				
Tuesday		12:00		17:00				
Wednesda	-	12:00		17:00				
Thursday		12:00		17:00				
Friday Saturday	08:30	12:00	13.00	17:00				
Sunday								
	struction	s:NO S	PECIAL II	NSTRUCTION	NS			

Review the shipping and delivery information for your clinic. If it is all correct:

- 1. Click the check box.
- 2. Click Next.

Refer to 'How do I change my clinic information?' if the shipping information needs to be changed.



#### **Entering Return Information**



٧	accine Returns 2 1 Learn Mol	оте		Cancel 🗘 L	inks <b>▼</b> Update	9	
	Edit						
	Clinic  DPH TRAINING CLINIC 2	Last Approved Return Da	2		п	ate Submitted	
	Return Number Return Status	Return Type *	Return Reason *		to	VTrckS	
	R08032018777800 3 DRK	RETURN ONLY	EXPIRED VACC	INE		MM/DD/YYYY	
	Return Created Date wurnder of Shipping Lat 1	EMAIL ED TO PROVI		D IN VTDOVO V		escription	
	08/03/2018	4 JEMAILED TO PROVI	DER EINAIL STORE	D IN VIRCKS	L		
5	EXPIRED FLU						
_	VFC Program Comments						
	VFC Flogram Comments						
	Vaccine   Mfg   NDC   Brand/Packaging   Funding S	<u> </u>	·	_	Doses Returning	Add R	latura
6	BEGIN TYPING A VACCINE, MFG CODE, NDC, E	BRAND/PACKAGING, FUNDING SO	DURCE, LOT #, OR	DATE HERE 7		8 Add R	tetum
	Vaccines To Return						
			Funding Lot	Expiration	Doses	Doses	
	Vaccination Mfg NDC Brand/F	Packaging	Src Num	iber Date	Remaining	Returned	
	Influenza Quad Inj IDB 19515-0909- FluLava P 52 syr)	al Quad P-Free 2017-2018 (10 x 1	STATE 1238	394 06/30/2018	10	10	<b>⊗</b>

- 1. In **Return Type**, choose RETURN ONLY.
- 2. Select a Return Reason.
- 3. Number of Shipping Labels is almost always 1, all vaccines usually fit in 1 box.
- **4. Label Shipping Method** is always E-Mail.
- 5. In Clinic Comments write your spoilage letter. This will go to the vaccine coordinator for review.
- 6. Choose vaccine to be returned Begin typing Vaccine, NDC, Brand,
  or Lot Number. Make sure you
  choose the correct lot number.
- 7. Enter number of returned doses.
- 8. Click Add Return.

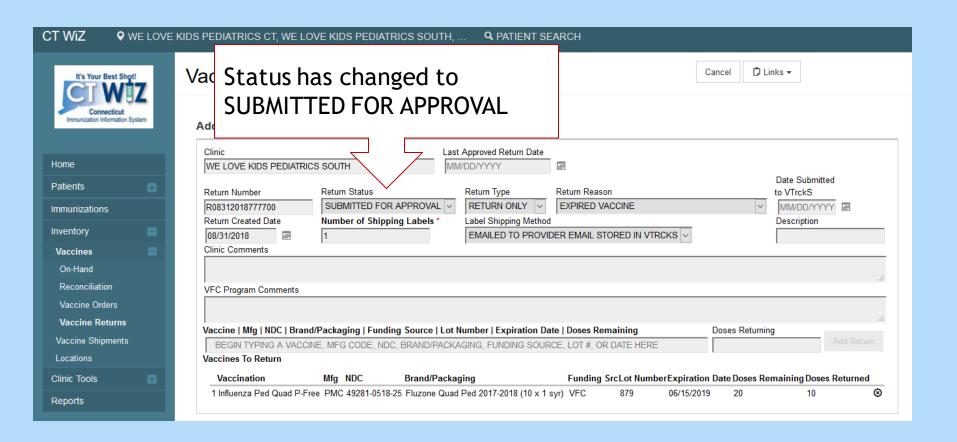
Repeat steps 6-8 to add other vaccines.

- 9. Click Update to save the return.
- 10. Click down arrow next to Update and then select Submit to VFC Program



## Example of a Successfully Submitted Return







## Tracking a Return







#### Navigate to Vaccine Returns



CT WiZ ♥ WE LOVE K	IDS PEDIATRICS CT, WE LOVE KIDS PEDIATRICS SOUTH,	Q PATIENT SEARCH
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Version 18.1.20180727 Copyright © 2001-2018 Envision Technology Partners Inc. Third Party Notices	Note that this application requires the use of Adobe Reader to view/print so Click here to download a free copy of Adobe Reader.  Get ADOBE READER*	ome of the lifes and reports that are available.

- 1. Click on Inventory
- 2. Click on Vaccines
- 3. Click on Vaccine Returns



## Checking Return Status - Getting Started



Vaccine Returns 0	Learn More Add New Vaccine Return
Search	
Clinic	Return Status
1 (ALL)	2 (ALL)
Return Reason	Return Type  4
Return Date Range	Date Submitted to VTrckS Date Range
From: 05/03/2018 📰 Through	gh: 08/03/2018
Previous Criteria 5	6 Clear Search

You can select the following fields to narrow the search for orders by:

- 1. Clinic
- 2. Order status: In Work (not submitted for approval), Submitted for Approval, Rejected, Approved.
- 3. Return reason
- 4. Return date range Date ordered
- 5. Submitted to VTrckS date range Date order was submitted to VTrckS
- 6. Click Search



## An example of Approved Returns



