

INFLUENZA VACCINE RETURN FORM
(to be included with vaccine return)

DATE OF RETURN	PRODUCT	# OF DOSES (10 PER VIAL)	Lot #	EXPIRY DATE

Physician/Pharmacist/NP: _____

Telephone: _____ Date: _____

Vaccine to be returned to the appropriate vaccine depot within your RHA:

EASTERN HEALTH		
Mount Pearl Square Vaccine Depot 760 Topsail Road Mount Pearl, NL A1N 3J5	Holyrood Vaccine Depot PO Box 70 Holyrood, NL A0A 2R0	
CENTRAL HEALTH		
Health Protection Division- Level I 125 Trans Canada Highway Gander NL A1V 1P7		
WESTERN HEALTH		
PO Box 2005 Corner Brook, NL A2H 6J7		
LABRADOR GRENFELL HEALTH		
HVGB Depot- Labrador Health Centre PO Box 7000 Station C Happy Valley Goose Bay, NL A0P-1C0	Lab City Depot- Labrador West Health Centre 1700 Nichols- Adam Highway, Labrador City, NL A2V-0B2	St. Anthony Depot- Charles S. Curtis Memorial Hospital 178-200 West Street St. Anthony, NL A0K-4S0