

**Central 2009 H1N1 Influenza Vaccine Recovery Program
Packing Slip**

INSTRUCTIONS

Please complete all the required information below. This packing slip must be kept with the 2009 H1N1 influenza vaccine that will be returned. If you do not know your H1N1 PIN or if you have questions about this form, please call the Department of Health and Human Services, Supply Services Center at 1-800-642-0263 Monday through Friday 7:00 am to 7:00 pm EST.

PROVIDER INFORMATION

H1N1 PIN:	DATE:
FIRST NAME:	LAST NAME:
CLINIC/ORGANIZATION:	
ADDRESS:	
CITY:	STATE: ZIP:
PHONE NUMBER:	EMAIL ADDRESS:

2009 H1N1 INFLUENZA VACCINE INFORMATION

MANUFACTURER (CSL, NOVARTIS, SANOFI, MEDIMMUNE)	FORMULATION (MDV, PFS, LAIV) ⁱ	LOT NUMBER	DOSES RETURNED	DATE / TIME REMOVED FROM REFRIGERATION
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
COMMENTS				

Please use additional sheets if necessary

ⁱ MDV= Multi-dose vials (10 doses per vial); PFS = pre-filled syringes; LAIV = live attenuated influenza nasal sprayers