Follow these steps to return your temperature compromised or expired vaccines (COVID vaccines included). This process is called returns. You must complete all returns before opening your reconciliation. If you have any questions reach out to <u>dphproviderhelp@phila.gov</u>.

- 1. Log in to PhilaVax with your personal username and password.
- 2. Type in the site pin on PhilaVax home screen, then click **Inventory**, then **Vaccines**, then **On Hand** from the lefthand navigation plane.

Phila Vax	PhilaVax Philadelphia's Immunization Information System a service from the Philadelphia Department of Public Health	City of Philadelphia DEPARTMENT OF PUBLIC HEALTH Division of Disease Control
Home	0	
Patients	Default Provider/Clinic	
Immunizations		
17 Outer Add	Provider/Clinic *	your site pin
Inventory 📃	Select a clinic by typing provider, clinic, vfc pin, or clinic code	your site pint
Vaccines		N
On-Hand Electronic Decrementing	News	

3. Click Add New Vaccine Return in the top right.

										_
arch									3	
Clinic					Return Status					
(ALL)			~	1	(ALL)	~				
Return Reason				_	Return Type					
			~		~					
Return Date Rang	,				Date Submitted to VTrckS	Date Ra	ange			
From: 07/03/202	3	Through:	10/03/2023		From: MM/DD/YYYY	Throu	igh: MM/DD/YYYY			
Date Submitted to	Program	n Date Rar	ige							
From: MM/DD/Y	YY I	Through:	MM/DD/YYYY							
	_									
Previous Criteria								C	lear	Search





4. Select your clinic from the drop down, then click **Next.**

Vaccine Returns	Candal Next
Add - Select Clinic	

5. Confirm all the contact information is correct by clicking the box at the bottom of the screen, then click **Next.**

Add				/	1		_		
Clinic:			<		yours	site pir	n		
Primary Sh	ipping C	ontact		$\overline{\ }$					
Name: Phone:	NICHOL	E HOLME	S		7				
Fax: Email:	NICHOL	E.HOLME	S@PHILA.	GOV					
Shipping A	ddress								
1101 MAR PHILADE	rket st Lphia, p/	A 19107							
Delivery In	formatior	ı							
	Deliver	ry Time 1	Delivery T	ime 2					
Monday Tuesday Wednesd Thursday Friday Saturday	From 09:00 09:00 ay09:00 09:00	To 15:00 15:00 15:00 15:00	From	То					

6. Next, click the return type drop down and select **Return Only**.

ccine Returns	C Learn More			Cancel Create
dd				
Clinic		Last Approved Return Date	Created By	
5		08/03/2021	8	
Return Number	Return Status	Return Type	diturn Reason *	
R10032023PU053700	IN WORK		V	~
Return Created Date	Date Submitted to Program	rckS	L	
10/03/2023	MM/DD/YYYY	REPLACEMENT		
Label Shipping Method		Description	Number of Shipping Labels *	
		v		
Clinic Comments				

2

Philadelphia Department of Public Health - Division of Disease Control - Immunization Program - Routine Immunizations 1101 Market St. Floor 12, Philadelphia, PA, 19107 | **vaccines.phila.gov** | **DPHproviderhelp@phila.gov** | **November 2023**



7. Select the appropriate **Return Reason*** for this return. If you have vaccines that need to be returned for a different reason, you'll need to complete a separate return.

*Select **Other** for expired COVID vaccines, then in the comments box type in **Past BUD [insert the BUD** expiration date].

accine Returns	CLearn More			Cancel Create
Add				
Clinic S		Last Approved Return Date 08/03/2021	Feated By	
Return Number	Return Status	Return Type *	Return Reason *	
R10032023PU053700	IN WORK	✓ RETURN ONLY ✓	\smile	~
Return Created Date	Date Submitted to Program	Date Submitted to VTrckS		
10/03/2023	MM/DD/YYYY	MM/DD/YYYY	NATURAL DISASTER/POWER OUTAGE	
Label Shipping Method *		Description	REFRIGERATOR TOO WARM	
		~	REFRIGERATOR TOO COLD	
Clinic Comments			VACCINE SPOILED IN TRANSIT/EREEZE/WARM	
			MECHANICAL FAILURE	,
			RECALL	1
VFC Program Comments			OTHER	

8. Under Label Shipping Method, select Emailed to Provider Email Stored in VTrckS. Never select either of the other label shipping method options and always skip over **Description**.

Edit						
Clinic			Last Approved Return Date	Created By		
S			08/03/2021	NICHOLE HOLMES		
Return Number	Return Status		Return Type *	Return Reason *		
R10032023PU053700	IN WORK	~	RETURN ONLY 🗸	EXPIRED VACCINE	~	
Rotarn Created Date	Date Submitted to Program	-	Date Submitted to VTrckS			
10/03/2023	MM/DD/YYYY		MM/DD/YYYY			
Label Shipping Method			Description	Number of Shipping Labels		
		~				



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9. Enter the number of shipping labels needed, then click **Update** in the top right corner.

accine Returns	Cearn More					Cancel D Link	<s th="" update="" •="" •<=""></s>
		✓ Succes	ss The Record Has Bee	n Sa	ved ×		\smile
Edit							
Clinic			Last Approved Return Date		Created By		
s			08/03/2021		NICHOLE HOLMES		
Return Number	Return Status		Return Type *		Return Reason *		
R10032023PU053700	IN WORK	~	RETURN ONLY 🐱		EXPIRED VACCINE	~	
Return Created Date	Date Submitted to Pr	rogram	Date Submitted to VTrckS				
10/03/2023	MM/DD/YYYY		MM/DD/YYYY				
Label Shipping Method *	•		Description	1	Number of Shipping Labels *		
EMAILED TO PROVIDER	EMAIL STORED IN VTP	RCKS V		М	1	- 2	
Clinic Comments						-	

- 10. Enter the details for each of the vaccines that you are returning:
 - a) Type in the lot number for the product you need to return.
 - b) Enter the number of doses that you need to return in **Doses Returning**.
 - c) Click Add Return, then click Update.

Clinic		L	Last Approved Return Date		Created By
			08/03/2021		NICHOLE HOLMES
Return Number	Return Status	F	Return Type *		Return Reason *
R10032023PU053700	IN WORK	~	RETURN ONLY V		EXPIRED VACCINE
Return Created Date	Date Submitted to Program	C	Date Submitted to VTrckS		
10/03/2023	MM/DD/YYYY		MM/DD/YYYY		
Label Shipping Method *			Description	_	Number of Shipping Labels *
EMAILED TO PROVIDER	EMAIL STORED IN VTRCKS	•			1
Clinic Comments				_	
VFC Program Comments					

11. Once all your vaccines have been added to the return, click the drop-down arrow next to **Update** and click **Submit** to VFC Program.

ccine Returns	2 DLearn More					Cancel	Submit To	Update VFC Program
lit								
linic			Last Approved Return Date		Created By			
S			08/03/2021	8	NICHOLE HOLMES			
eturn Number	Return Status		Return Type *		Return Reason *			
R10032023PU053700	IN WORK	~	RETURN ONLY V		EXPIRED VACCINE		~	
eturn Created Date	Date Submitted to Progra	am	Date Submitted to VTrckS					
10/03/2023	MM/DD/YYYY		MM/DD/YYYY					
abel Shipping Method *			Description		Number of Shipping Labels *			
MAILED TO PROVIDER E	MAIL STORED IN VTRCKS	~			1			
linic Comments								
FC Program Comments accine Mfg NDC Branc	I/Packaging Funding Sou	rce Lot Nu	umber Expiration Date Do	oses l	Remaining	Doses Returning		Add Poture
BEGIN TYPING A VACCI	NE, MFG CODE, NDC, BRA	ND/PACKA	GING, FUNDING SOURCE,	LOT #	, OR DATE HERE			Add Return
T. D. t.								
accines to Return					Carl at Number Carlestics I			
Vaccination	Mfg NDC Bra	nd/Packag	ing Fi	undin	g Src Lot Number Expiration L	Jate Doses Remain	ning Doses	Returned

Our team will review your return. Once the return is approved, you'll receive two emails:

- The **first email** will contain the packing slip. Print it and place the slip inside of the box with the vaccines.
 - o Vaccines listed on the packing slip should correspond with what's in the box.
- The **second email** will contain the shipping label from UPS. You should receive it within 30 minutes of the first email. Print out the shipping label and tape it to the top of the outside of the box.
 - o It is a pre-paid label, so you can drop it off at any UPS drop box or hand it off to your UPS delivery person.
 - If you do not receive one or both of these emails, email our ordering team at **dphproviderhelp@phila.gov** for assistance.

