

1) Click MANAGE TRANSFERS

manage transfers

2) Click NEW TRANSFER

New Transfer

3) Click TRANSFER ALL EXPIRED

Transfer all Expired

4) Note the following:

Open vials should be disposed of at your facility but still reported through NCIR.

Reminder: Open vials of state-supplied vaccine should be disposed of at your facility. All remaining doses of state-supplied vaccine should be returned to McKesson once the Return Packing List and Label(s) are available.

Edit Transfer: Create Date 08/29/2016

Sending Site CARIKUBE PEDIATRICS

Receiving Organization VACCINE DISTRIBUTION

Send Labels by Email

Note: Only those sites which have inventory set up are displayed.

Expired Non-flu Vaccine

Remove	NCIR Count	Physical Count	Trade Name	Lot Number	Exp Date	NDC	Open Vial	Preventive Action
<input type="checkbox"/>	1	<input type="text" value="1"/>	Bexsero	07080808	08/08/2015	46028-0114-01	N/A	Short Dated vaccine
<input type="checkbox"/>	10	<input type="text" value="5"/>	Engerix-B Peds	7K344	06/30/2015	58160-0820-11	N/A	Staff will use remind
<input checked="" type="checkbox"/>	7	<input type="text" value="7"/>	IPOL	7K344	06/30/2015	49281-0860-10	Y	Staff has been instr
<input type="checkbox"/>	10	<input type="text" value="10"/>	PedvaxHIB	7K344	06/30/2015	00006-4897-00	N/A	Short Dated vaccine

Expired Flu Vaccine

Remove	NCIR Count	Physical Count	Trade Name	Lot Number	Exp Date	NDC	Open Vial	Preventive Action
<input type="checkbox"/>	1	<input type="text" value="5"/>	FluMist LAIV4	8668hkll	07/18/2016	66019-0300-10	N/A	Administrators will o
<input type="checkbox"/>	1	<input type="text" value="2"/>	Fluzone IIV4 Pres-Free, Ped	321321321	06/30/2016	49281-0514-25	N/A	Administrators will o
<input type="checkbox"/>	2	<input type="text" value="2"/>	Fluzone IIV4 Pres-Free	321321321	06/30/2016	49281-0414-50	N/A	Administrators will o

Expired vaccines OTHER THAN influenza appear in the upper section.

Indicates an open multi-dose vial.

Expired INFLUENZA vaccines appear in the lower section.

Enter the PHYSICAL COUNT (the number of doses actually being returned) in this column.

Choose a preventive action from the drop-down for each vaccine being returned.

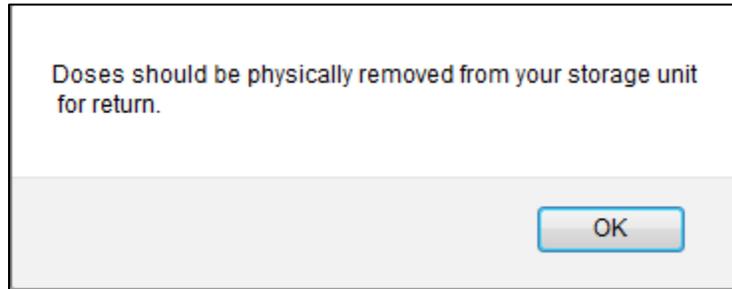
5) Click SAVE to save your work



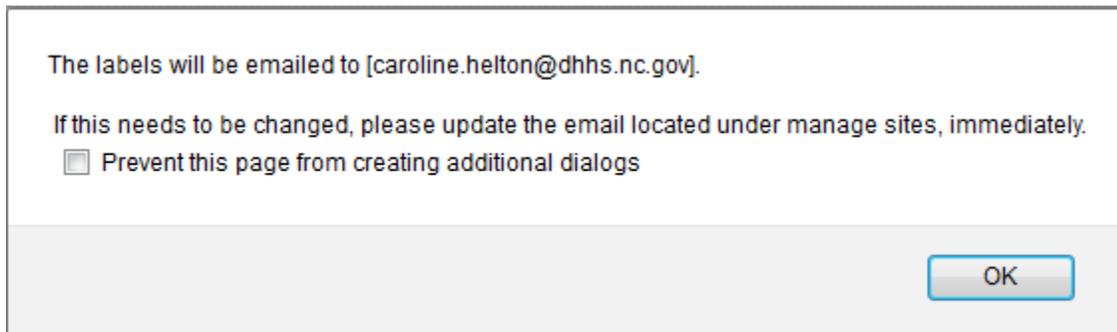
6) Click SUBMIT when you are finished updating all of the information.



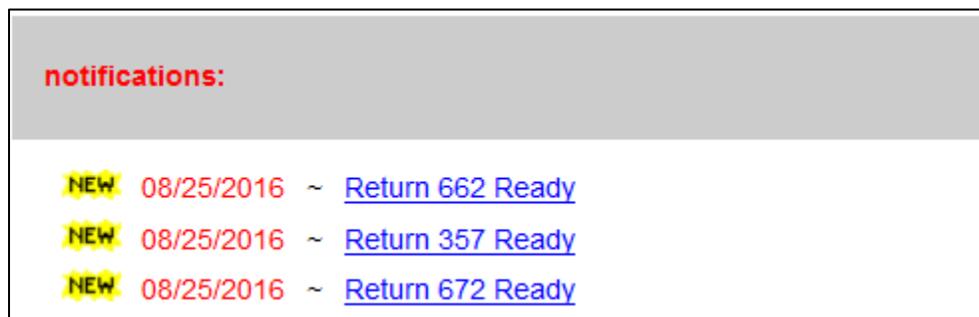
7) Click OK (note that doses should be removed from your storage units and prepared for return)



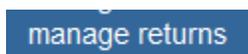
8) Click OK (note the email address where the labels will be sent). If it needs to be updated, make changes under MANAGE SITES.



9) When the return has been processed, you will receive a notification on your homepage



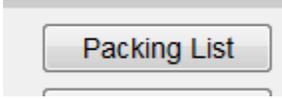
10) When you receive this notification, click MANAGE RETURNS



11) Look for returns with a READY status, click the link

<input type="radio"/>	Caroline Helton	08/29/2016	READY
<input type="radio"/>	Caroline Helton	08/29/2016	READY

12) Click PACKING LIST



13) The packing list should be PRINTED, SIGNED and INCLUDED with the return shipment of vaccines

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
RETURN PACKING LIST FOR VTRICKS RETURN ID: 68558650

Provider Name: CAROLINE PEDIATRICS Date Generated: 08/29/2016
Six Digit PIN: 474747 VTRICKS Provider ID: 47474747
User Completing Form: Caroline Helton Phone Number: (919) 555-1212
*** Return label(s) were emailed to: caroline.helton@dhhs.nc.gov

RETURN ITEMS
These doses should be included in the box for return.

VACCINE	NDC	LOT #	EXPIRATION DATE	TOTAL DOSES	RETURN REASON
Meningococci Bivalent	4022-0114-01	0788888	08/30/2016	1.0	Non-Fru Expired
Hay-Media Respiratory Syncytial Virus	8180-0207-11	7C344	08/30/2016	0.0	Non-Fru Expired
Hb-DMP Pertussis	0008-4397-30	7C344	08/30/2016	10.0	Non-Fru Expired

I certify that only the vaccines listed in the return section are included in the box for return.

Caroline Helton Date: 8/29/2016

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14) Package the vaccine so that it will not break (**IT DOES NOT NEED TO BE RETURNED ON COLD PACKS**).

15) Print the return mailing labels from your email. **** If you do not receive this email from McKesson within 1-2 business day please contact the NCIR Help Desk at NCIRhelp@dhhs.nc.gov.**

16) Open the email from McKesson containing the UPS shipping label, click the RETRIEVE YOUR SHIPMENT LABEL link to print your return label. The following is an example of the email from McKesson containing the shipping label for your return.



17) Attach the label to the box, include the vaccine and the packing list. Hand the package to your UPS driver. If you are not on a standard UPS route, please contact the NCIP to arrange a pick up for your facility.