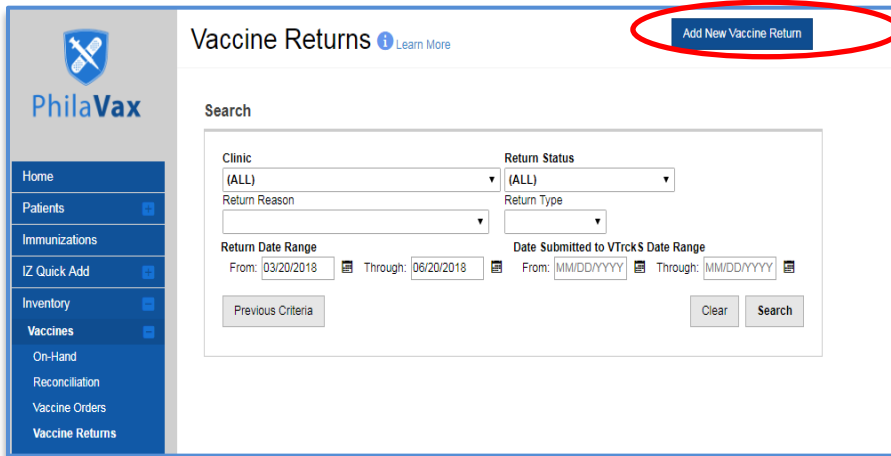


Online Ordering: Vaccine Returns

Questions? Contact Mohan Nagaraja (215-685-6872) or Joani Schmeling (215-685-6490) or email us at DPHProviderHelp@phila.gov

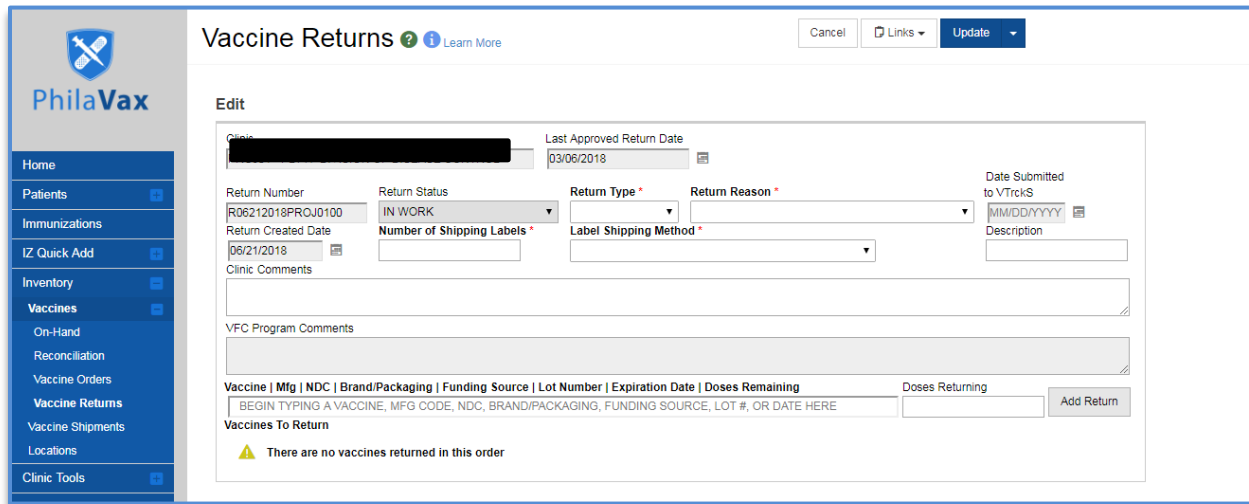
- 1) From the left-side navigation panel select **Inventory** → **Vaccines** → **Returns** from the subsequent dropdown menus.
- 2) Click on the **Add Vaccine Return** button in the upper right hand corner.



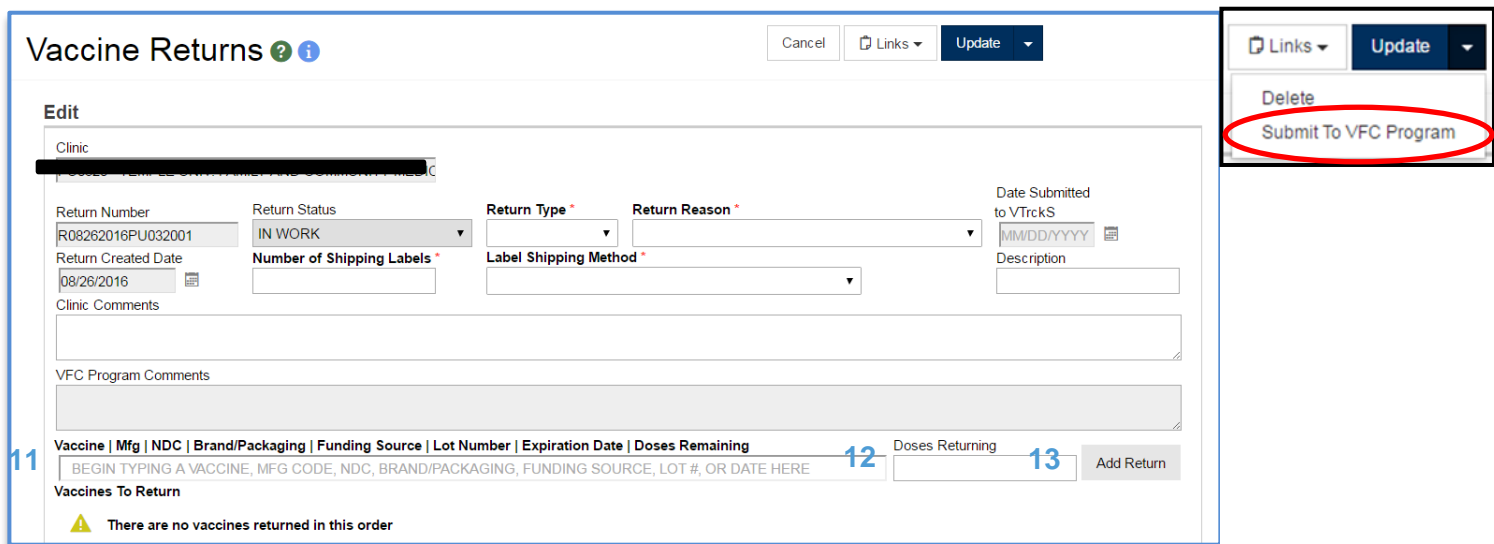
- 3) Select **your** clinic (it begins with your clinic's PIN). Click Next.
- 4) Take the time to verify that the info in the Shipping Info box is correct.
 - a. If it IS correct, certify it by checking the small box (see below) in the lower right-hand corner. Then click **Next**.

I have reviewed the above shipping information and I certify the information is correct.

- b. If it is NOT correct, contact the VFC/VFAAR program right away.
- 5) Select **RETURN ONLY** under **Return Type**.
 - 6) Under **Return Reason**, select the reason for the current return. Each return reason must be processed separately.
 - 7) Enter **"1"** in the box under **Number of Shipping labels**.
 - 8) Select **EMAILED TO PROVIDER EMAIL STORED IN VTRCKS**.
 - 9) Enter your email address into the Clinic Comments box.
 - 10) Click Create to save draft.



- 11) Type in the first three letters of the vaccine you wish to return in the **Vaccine** box. Select the vaccine to be returned from the drop down menu.
- 12) Type in the number of doses to be returned in the **Doses Returning** box.
- 13) Click **Add Return**. The vaccine selection will then appear at the bottom of the page.
- 14) Click **Update** to save changes as you work or if you need to navigate away from the page.
- 15) When all vaccines related to the **Return Reason** have been entered, click on the arrow (▼) to the right of **Update** and select **Submit to VFC**.



- 16) Note the **Submitted for Approval** status in the **Return Status** box. Your submission has been sent to the VFC/VFAAR program.

Vaccine Returns ? i Cancel Links Select Action

Edit

Clinic
F06320 - TEMPLE UNIV. FAMILY AND COMMUNITY MEDIC

Return Number: R07252016PU032000
 Return Status: **SUBMITTED FOR APPROVAL** (circled in red)
 Return Type: RETURN ONLY
 Return Reason: EXPIRED VACCINE
 Date Submitted to VTrckS: MM/DD/YYYY

Return Created Date: 08/26/2016
 Number of Shipping Labels: 1
 Label Shipping Method: EMAILED TO PROVIDER EMAIL STORED IN VTRCKS

Clinic Comments
PLEASE EMAIL TO ERICAPORTER@TORS.TEMPLE.EDU

VFC Program Comments

Vaccine | Mfg | NDC | Brand/Packaging | Funding Source | Lot Number | Expiration Date | Doses Remaining | Doses Returning | Add Return

BEGIN TYPING A VACCINE, MFG CODE, NDC, BRAND/PACKAGING, FUNDING SOURCE, LOT #, OR DATE HERE

Vaccines To Return

Vaccination	Mfg	NDC	Brand/Packaging	Funding Src	Lot Number	Expiration Date	Doses Remaining	Doses Returned
1 Meningococcal B OMV	PFR	00005-0100-10	TRUMENBA - 10 Pack - 1 Dose Syringe	VFC	L13514	07/31/2016	0	5

Things to remember:

- Once a Return has been rejected, it must be deleted and a new return created.
- Click the red x to the right of each vaccine added to the return if you make an error and need to change your selection.
- Do any vaccine returns before opening and completing your reconciliation. Vaccines that are returned will be automatically accounted for in your reconciliation.