2015-2016 FluMist® Department of Defense Replacement Program for Doses Expiring on or before January 31, 2016

Please complete the form below to receive replacement product for FluMist doses expiring on or before January 31, 2016. This form MUST be received on or before January 31, 2016. If you have any questions, please feel free to call 1-877-FluMist. Please press Option 1, then Option 2 again. **RELACEMENTS MAY BE REQUESTED 15 DAYS PRIOR TO EXPIRY ONLY.**

Base Name: _____

Contact Name:_____ Phone:_____

Address:_____

City/State/Zip Code: _____

Original Document Number (optional):_____

Total Number of Unused Doses:____ Lot or Batch Number(s):_____ _____

Expiration Date(s): _____ **Total doses to be REPLACED:** _____

NOTE: Replacement doses will be sent in multiples of 10, minimum quantity of 20 for CONUS shipments. The minimum quantity for OCONUS replacements is 110 doses. Unused doses not in multiples of 10 will be rounded down (e.g. 33 unused doses replaced with 30 replacement doses). MedImmune will call base to confirm replacement doses. Doses WILL NOT be automatically sent.

In order to receive the replacement, the certification below must be completed by an authorized representative of the Department of Defense.

I, _____, a duly authorized employee or officer of the Department of Defense, hereby certify that the information provided herein is accurate and that _____ (number) unused FluMist doses were destroyed in accordance with all applicable laws and regulations on destruction of medical waste.

Name: _____

Title:_____

Signature:_____

Date:_____ **Contact Phone:**_____