2010-2011 FluMist® Department of Defense Replacement Program for Doses Expiring on or before January 31, 2011

Please complete the form below to receive replacement product for FluMist doses expiring on or before January 31, 2011. This form MUST be received on or before January 26, 2011. If you have any questions, please feel free to call service representative.

Base Name: _____

Address: _____ _____

City/State/Zip Code: ___ _____

Original Document Number (optional): _____

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

Expiration Date(s): _____

NOTE: replacement doses will be sent in multiples of 10, minimum quantity of 20. Unused doses not in multiples of 10 will be rounded down (e.g. 33 unused doses replaced with 30 replacement doses)

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:** _____