

# 2008-2009 FluMist Department of Defense Replacement Program for Doses Expiring in 2008

Please complete the form below to receive replacement product for doses expiring on or before December 31, 2008. This form **MUST** be received on or before December 17, 2008. If you have any questions, please feel free to call 1-877-FluMist. Please press Option 1, then Option 1 again.

Base Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Original Document Number (optional): \_\_\_\_\_

Total Number of Unused Doses: \_\_\_\_\_ Lot or Batch Number(s): \_\_\_\_\_

**NOTE:** replacement doses will be sent in multiples of 10, minimum quantity of 20.

In order to receive the replacement, a signature on the affidavit below is required.

I, \_\_\_\_\_, hereby confirm that the \_\_\_\_\_ (number) of unused doses were destroyed in accordance with the appropriate state statutes on destruction of medical waste.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2008-2009 FluMist Department of Defense  
Replacement Program for Doses Expiring  
after December 31, 2008 and on or before  
January 31, 2009**

Please complete the form below to receive replacement product for doses expiring on or before January 31, 2009. This form **MUST** be received on or before January 30, 2009. If you have any questions, please feel free to call 1-877-FluMist. Please press Option 1, then Option 1 again.

Base Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Original Document Number (optional): \_\_\_\_\_

Total Number of Unused Doses: \_\_\_\_\_ Lot or Batch Number(s): \_\_\_\_\_

**NOTE:** replacement doses will be sent in multiples of 10, minimum quantity of 20.

In order to receive the replacement, a signature on the affidavit below is required.

I, \_\_\_\_\_, hereby confirm that the \_\_\_\_\_ (number) of unused doses were destroyed in accordance with the appropriate state statutes on destruction of medical waste.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_