

Supply return and expired supply form

Clinic/Site name: _____

Client code: _____

Contact name: _____ Contact phone: _____

Date: _____

RETURNED SUPPLIES:

Complete this form and include it with the item(s) being returned

Expiring (short outdate):

Item description: _____

Quantity returned: _____

Items should be returned 4-6 weeks prior to the expiration date to allow for redistribution. DO NOT return expired items; for items exceeding the expiration date, see below.

Incorrect quantity ordered:

Order Number: _____

Item description: _____

Quantity returned: _____

Incorrect item ordered:

Order Number: _____

Item description: _____

Quantity returned: _____

Incorrect item received (correct item ordered):

Order Number: _____

Item description: _____

Quantity returned: _____

Other (describe): _____

Item description: _____

Quantity returned: _____

EXPIRED SUPPLIES:

*For compliance documentation, Allina Health Laboratory must be notified of any items expired at your location. Complete the information below, fax the completed form to Client Services at (612) 863-4067 and **discard the expired items following your site protocol**; expired supplies should not be returned to Allina Health Laboratory.*

Item description: _____

Quantity discarded: _____