

Supply Return and Expired Supply Form

Clinic/Site Name: _____

Submitter ID: _____

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: _____