# Vaccine Transfer Form

Email / fax form and 30 days temp logs to: vacteam@utah.gov / (801) 538-9440 to request transfer.

## Requests Provider Info

<table>
<thead>
<tr>
<th>VFC Pin / USIIS ID</th>
<th>Requesting Facility Name</th>
<th>Phone with Area Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Coordinator (Print)</td>
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*Requests Provider* By signing below, you confirm the vaccine listed have been accounted, verified and stored according to manufacturer guidelines. You are requesting the vaccine be relocated from your facility.

**Signature of Requesting Facility:** ___________________________ **Date Verified:** _____________

<table>
<thead>
<tr>
<th>Vaccine Brand</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>NDC Number</th>
<th>Expiration Date</th>
<th>Number of Doses</th>
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## Receiving Provider Info

<table>
<thead>
<tr>
<th>VFC Pin / USIIS ID</th>
<th>Receiving Facility Name</th>
<th>Phone with Area Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving Facility Address</td>
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</tbody>
</table>

*Receiving Provider* By signing below, you confirm the above vaccine was received by your facility and accept accountability for the product(s) listed. Discrepancies should be reported to the VFC Program immediately. Email / fax within 5 days of receipt to: vacteam@utah.gov / (801) 538-9440.

**Signature of Receiving Facility:** ___________________________ **Date Received:** _________________

*Imms Use ONLY* Transfer Authorization # ___________________________ **Approved by/Date:** ___________________________

Date Requesting Provider Rec'd: ___________________________ **VFC Pin/USIIS ID:** ___________________________

Date UDOH Rec'd: ___________________________ **Date UDOH Transferred:** ___________________________ **VFC Pin/USIIS ID:** _____________
Instruction for Completing the VFC Vaccine Transfer Form

You must have prior approval before transferring any VFC vaccines.

**A certified shipping pack out, data logger and/or portable freezer is required for all transfers.**

Request vaccine transfer by sending completed form and 30 days of temperature logs to: vacteam@utah.gov / (801) 538-9440. A Transfer Authorization will be emailed to both facilities, if approved. Transfers must be completed within 5 days. The facility accepting the vaccine must review contents, sign Transfer Form to confirm receipt and submit to: vacteam@utah.gov / (801) 538-9440 within 5 days of receipt.

Instructions:

1. **Enter Date Submitted**
   Date facility submits the transfer request to the Utah VFC Program.

2. **Enter Requesting Facility’s VFC PIN & USIIS ID**
   Provider Identification Number & USIIS ID assigned to your facility by the Utah VFC Program.

3. **Enter Requesting Facility Name**
   Name of healthcare facility enrolled as a VFC Provider who is currently storing the vaccine.

4. **Enter Name, Email and Phone Number with Area Code of the Vaccine Coordinator**
   Print clearly the person responsible for the Utah VFC Program in your facility. List number to contact if there is a question regarding the vaccine. Email address listed will receive confirmation.

5. **List all VFC vaccine transferring**
   Include all information on packaging for each vaccine being transferred. Incomplete forms will be denied.

6. **Verify and Sign**
   Once approved, verify and sign form that all vaccine listed to be transferred has been accounted, verified and stored according to manufacturer guidelines.

7. **Enter Receiving Facility’s VFC PIN & USIIS ID**
   Provider Identification Number & USIIS ID assigned to your facility by the Utah VFC Program.

8. **Enter Receiving Facility Name & Address**
   Name and address of healthcare facility enrolled as a VFC Provider who is receiving the vaccine.

9. **Enter Name, Phone Number with Area Code and Email of the Vaccine Coordinator**
   Print clearly the person responsible for the Utah VFC Program in facility. List number to contact if there is a question regarding the vaccine. Email address listed will receive confirmation.

10. **Receiving Provider Verify and Sign**
    Once transfer is complete, verify and sign form that all vaccine listed were received and your facility has now accepted accountability for the vaccine.

11. **Return form within 5 days of receipt.**
    Email / fax form to: vacteam@utah.gov / (801) 538-9440 within 5 days of receipt.

**Always keep a copy for your records!**

- Use vaccines through printed expiration date. If date is month and year only, it is viable until the last day of that month.
- Contact the Utah VFC Program at (801) 538-9450 for additional information or training on vaccine storage and handling.
- Please notify the Utah VFC Program if facility name changes.