

Vaccine Transfer Form

VFC, AHB, ADULT FLU: Email form and 30 days temp logs to VacTeam@utah.gov to request transfer.



Requesting Provider Info						
Date Submitted	Requesting Facility Name				Provider Pin / USIIS ID	
Vaccine Coordinator (Print)			Check if new Coordinator <input type="checkbox"/>	Email Address		Phone with Area Code
<p>*Requesting 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.</p> <p style="text-align: center;">Signature of Requesting Facility: _____ Date Verified: _____</p>						
Program	Vaccine Brand	Manufacturer	Lot Number	NDC Number	Expiration Date	Number of Doses
<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
<input type="checkbox"/> Adult Flu <input type="checkbox"/> AHB						
<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
<input type="checkbox"/> Adult Flu <input type="checkbox"/> AHB						
<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
<input type="checkbox"/> Adult Flu <input type="checkbox"/> AHB						
<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
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<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
<input type="checkbox"/> Adult Flu <input type="checkbox"/> AHB						
<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
<input type="checkbox"/> Adult Flu <input type="checkbox"/> AHB						
<input type="checkbox"/> VFC <input type="checkbox"/> AHB						
<input type="checkbox"/> Adult Flu <input type="checkbox"/> AHB						
Receiving Provider Info						
Provider Pin / USIIS ID		Receiving Facility Name				
Receiving Facility Address					Phone with Area Code	
Vaccine Coordinator (Print)			Check if new Coordinator <input type="checkbox"/>	Email Address		
<p>*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 Utah Immunization Program immediately. Email within 5 days of receipt to vacteam@utah.gov (VFC, AHB, Adult Flu)</p> <p style="text-align: center;">Signature of Receiving Facility: _____ Date Received: _____</p>						
<div style="display: flex; justify-content: space-between;"> <div> <p>*Imms Use ONLY*</p> <p>Transfer Authorization # _____</p> <p>Date UDHS Picked Up: _____</p> <p>Date UDHS Delivered: _____</p> </div> <div> <p>Approved by/Date: _____</p> <p>Provider Pin/USIIS ID: _____</p> <p>Provider Pin/USIIS ID: _____</p> </div> </div>						

Instruction for Completing the Vaccine Transfer Form

You must have **prior approval** before transferring any vaccines.

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

Request vaccine transfer by sending completed form and 30 days of temperature logs to: vacteam@utah.gov (VFC, AHB, Adult Flu).

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 Vaccine Transfer Form to confirm receipt and submit within 5 days of receipt to: vacteam@utah.gov (VFC, AHB, Adult).

Instructions:

1. Enter Date Submitted

Date facility submits the transfer request to the Utah Immunization Program.

2. Enter Requesting Facility's PIN & USIIS ID

Provider Identification Number & USIIS ID assigned to your facility by the Utah Immunization Program.

3. Enter Requesting Facility Name

Name of healthcare facility enrolled in designated program, as a VFC/AHB/Adult Flu Provider, who is currently storing vaccine.

4. Enter Name, Email and Phone Number with Area Code of the Vaccine Coordinator

Print clearly the person responsible for the Utah Immunization Program in your facility. List number to contact you if there is a question regarding the vaccine. Email address listed will receive confirmation.

5. List all publicly-funded vaccine transferring

Include all information on packaging for each vaccine being transferred, including program. Incomplete forms will be denied.

If additional space is needed, reprint form to report additional vaccines.

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 PIN & USIIS ID

Provider Identification Number & USIIS ID assigned to your facility by the Utah Immunization Program.

8. Enter Receiving Facility Name & Address

Name and address of healthcare facility enrolled in designated program, VFC/AHB/Adult Flu Provider, who is receiving vaccine.

9. Enter Name, Phone Number with Area Code and Email of the Vaccine Coordinator

Print clearly the person responsible for the Utah Immunization 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 form within 5 days of receipt to: vacteam@utah.gov (VFC, AHB, Adult Flu).

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 Immunization Program at (801) 538-9450 for additional information/training on vaccine storage & handling.
- Please notify the Utah Immunization Program if facility name changes.
- Reference: Vaccine for Children (VFC); Adult High Risk (AHB)