

Instructions 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, Utah VFA, and 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, Utah VFA, and 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/Utah VFA/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/Utah VFA/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, Utah VFA, and 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); Utah VFA.