

Vaccine Transfer Form



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

Requesting Provider Info Date Submitted Provider Pin / USIIS ID Vaccine Coordinator (Print) Check if new Coordinator *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:
Vaccine Coordinator (Print) Check if new Coordinator Email Address Phone with Area Code "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. Date Verified:
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. Signature of Requesting Facility: Date Verified: Program Vaccine Brand Manufacturer Lot Number NDC Number Expiration Date Number of Doses VFC AHB
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Adult Flu COVID VFC AHB
VFC AHB
Adult Flu COVID
VFC AHB Adult Flu COVID
Adult Flu COVID
Adult Flu COVID VFC AHB
Receiving Provider Info
Provider Pin / USIIS ID Receiving Facility Name
Receiving Facility Address Phone with Area Code
Vaccine Coordinator (Print) Email Address
Check if new Coordinator
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) or COVIDVaxProvider@utah.gov (COVID)
Signature of Receiving Facility: Date Received:
Transfer Authorization # Approved by/Date:
themestics
ONLY* Date UDHHS-Imms Prog Rec'd: Date UDOH Moved: Provider Pin/USIIS ID:

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) or COVIDVaxProvider@utah.gov (COVID).

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) or COVIDVaxProvider@utah.gov (COVID).

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/COVID Provider, who is currently storing

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 <u>all</u> 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/COVID Provider, who is

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 <u>all</u> 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) and COVIDVaxProvider@utah.gov (COVID).

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)