



South Carolina Vaccines for Children Program Vaccine Transfer Form

Complete this log when transporting vaccines to an alternate facility. Contact Regional Immunization Program Manager or VFC Program for approval prior to the transfer of vaccine.

| Vaccine Transfer | | | | | |
|--|---------------|-------------|------------------|------------------|--------|
| Transfer Approved by: | | | | Date: | |
| Transfer Completed by: | | | | Date: | |
| Transfer from Site Name: | | | | Pin: | |
| Transfer from Address: | | | | | |
| Transfer to Site Name: | | | | Pin: | |
| Transfer to Address: | | | | | |
| Vaccine transferred due to (circle one): | | | | | |
| Power outage | Excess supply | Short dated | Unit malfunction | Moving Locations | Other: |

[illegible]

***IMPORTANT:** *If transporting in refrigerated state, varicella containing vaccine must be placed immediately in the freezer upon arrival at the alternate site. Contact manufacturer (Merck) for guidance regarding vaccine stability and use after refrigerated transport.*

| Transport Information | Temperature | Type of Unit |
|--|---|--|
| Temperature of refrigerator/freezer prior to transfer: | <input type="checkbox"/> C° <input type="checkbox"/> F° | <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer |
| Temperature of vaccine in cooler before departure: | <input type="checkbox"/> C° <input type="checkbox"/> F° | <input type="checkbox"/> Transport Cooler |
| Temperature of vaccine in cooler upon arrival: | <input type="checkbox"/> C° <input type="checkbox"/> F° | <input type="checkbox"/> Transport Cooler |
| Temperature of refrigerator/freezer upon arrival: | <input type="checkbox"/> C° <input type="checkbox"/> F° | <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer |

| Signature from Site Transferring Vaccine | Signature from Site Receiving Vaccine |
|--|---------------------------------------|
| | |

South Carolina Vaccine Transfer Form

Instructions for Completing

Purpose:

The purpose of the Vaccine Transfer Form is to record the transfer of publicly funded vaccine to another practice site under appropriate storage and handling conditions.

Transfer of VFC vaccine requires pre-authorization by the VFC Program. Contact the Regional Immunization Program Manager or VFC Program before transfer of vaccine and completion of this form (VFC Program contact information: 803-898-0460 or 1-800-277-4687; email (scvfc@dhec.sc.gov)).

Item-By-Item Instructions:

1. Provider will enter information for each vaccine being transferred including Program Type (example VFC or State), NDC, Vaccine Name, Doses, Manufacturer, Lot Number and Expiration Date.
2. Provider will indicate the person that approved the transfer of the vaccine and indicate the transfer reason.
3. Transferring provider will enter identifying information about the provider's office from which the vaccine is being transferred. All information is required.
4. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator storage unit upon removal of vaccine for transfer.
5. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of transport container before departure.
6. Receiving provider will enter identifying information about the provider's office to which the vaccine is being transferred. All information is required.
7. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of transport container at end of transport.
8. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator storage unit upon receipt of vaccine.
9. **If varicella vaccine transported in frozen state:** Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of freezer storage unit upon receipt of varicella vaccine.
10. **If varicella vaccine transported in refrigerated state:** Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of freezer storage unit upon receipt of varicella vaccine. Immediately after placing the varicella vaccine in the freezer storage unit, contact Merck for their recommendation on the viability of the vaccine. Record their recommendation and the date and time of the call to Merck under the section labeled "For Varicella Vaccine Only."

Office Mechanics and Filing:

1. The "Transferring" Provider must retain a copy of the form for (3) three years.
2. The "Receiving" Provider must fax the completed form to the VFC Program (803-898-0318) and retain the original form for three years.