



Seasonal Influenza Vaccine Borrowing Report

PLEASE E-MAIL IMMUNIZE@DHEC.SC.GOV prior to the completion of this form.

VFC REQUIREMENT: CDC's expectation is that VFC-enrolled providers maintain adequate inventories of vaccine to administer to both privately insured and VFC/STATE-eligible children that they serve. Borrowing vaccine should be rare and must be due to unforeseen delays or circumstances surrounding the vaccine that was ordered. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory.

VFC EXCEPTION: For seasonal influenza vaccine, providers may use **PRIVATE-STOCK** seasonal influenza vaccine to vaccinate **VFC/STATE** eligible children **IF** VFC seasonal influenza stock is not yet **AVAILABLE**. Those **PRIVATE STOCK** doses used on **VFC/STATE**-eligible children can later be replaced when **VFC/STATE** stock becomes available. This **ONE-DIRECTIONAL** (private to VFC/State) borrowing exception is unique to seasonal influenza vaccine only.

- VFC providers who borrow seasonal Influenza vaccine must accept the VFC presentation allocated for replacement of private stock vaccines.

RETURN VIA FAX TO: (803) 898-0318 BY THE FIRST OF EACH MONTH UNTIL PRE-BOOK ALLOCATIONS ARE COMPLETE.

Patient ID (ONLY)	Shot Date (MM/DD/YYYY)	NDC of Influenza Vaccine Given (Provider's Private Stock)	Manufacturer	Eligibility	Date Dose Returned to Appropriate Stock (MM/DD/YYYY)
				<input type="checkbox"/> VFC <input type="checkbox"/> State	
				<input type="checkbox"/> VFC <input type="checkbox"/> State	
				<input type="checkbox"/> VFC <input type="checkbox"/> State	
				<input type="checkbox"/> VFC <input type="checkbox"/> State	
				<input type="checkbox"/> VFC <input type="checkbox"/> State	

FEDERAL VFC INFLUENZA VACCINE IS AVAILABLE FOR CHILDREN & ADOLESCENTS AGED 6 MONTHS - 18 YEARS WHO MEET ONE OF THE FOLLOWING ELIGIBILITY CRITERIA:

1. Medicaid Enrolled
2. No health insurance
3. American Indian or Alaska Native
4. Underinsured served by FQHC or RHC

CHILDREN WHO DO NOT MEET ONE OF THE ELIGIBILITY REQUIREMENTS ABOVE ARE NOT ELIGIBLE FOR VFC VACCINE; HOWEVER, THEY MAY BE ELIGIBLE FOR STATE VACCINE PROGRAM VACCINE.

SC STATE VACCINE PROGRAM INFLUENZA VACCINE IS AVAILABLE FOR CHILDREN & ADOLESCENTS AGED 6 MONTHS - 18 YEARS WHO MEET ONE OF THE FOLLOWING ELIGIBILITY CRITERIA:

1. SC State Underinsured served by Non-FQHC or Non-RHC
2. SC State Insured - Hardship/Vaccine Caps

Provider PIN (enter only one digit per block)					
Facility/Provider Name (as on VFC Provider Agreement)					
Date Completed					
Printed Name of Person Completing					

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

Provider Name:	Program Signature:	Date:

Seasonal Influenza Vaccine Borrowing Report Instructions for Completing

Purpose:

The purpose of the Seasonal Influenza Vaccine Borrowing Report is to provide documentation of borrowed influenza vaccine from the VFC provider's private stock for the purpose of meeting the immunization needs of VFC/State eligible children at the beginning of the influenza season and during timeframes where VFC allocations may be delayed. Borrowing vaccine should be rare and must be due to unforeseen delays or circumstances surrounding the influenza vaccine that was pre-booked in July. VFC providers who borrow seasonal Influenza vaccine **MUST ACCEPT** the VFC/State influenza vaccine presentation allocated for replacement of the providers borrowed private stock vaccine(s). This borrowing is **ONE-DIRECTIONAL** (private to VFC/State) borrowing exception is unique to seasonal influenza vaccine only.

Item-By-Item Instructions:

1. Email immunize@dhec.sc.gov prior to the completion of this form. A completed form must be submitted by fax at **803-898-0318** to the Immunization Division **PRIOR** to the release of the provider's next pre-book allocation. Form must be received on the first of the month throughout the influenza season (***August through June***).
2. Provider **MUST** enter "Patient ID (ONLY)" (**DO NOT USE PATIENT NAME**), "Shot Date", "NDC of Influenza Given", "Manufacturer", and "Eligibility" for each vaccine type borrowed from provider's private vaccine stock. Each vaccine a child receives must be listed on a separate row.
3. Enter "Provider Identification Number (PIN)", "Facility/Provider Name", "Date Completed", "Print Name of Person Completing" in spaces provided.
4. Once the vaccine is **REPLACED** by publicly funded vaccine, enter the date (MM/DD/YYYY) in the "Date Dose Returned to Appropriate Stock" column.
5. The physician who signs the Federal VFC provider enrollments provider must print, sign and date the form.

Important Note: Influenza vaccine borrowing is permitted until the completion of all pre-book allocations have been received at the provider site.

Office Mechanics and Filing:

Completed Seasonal Influenza Vaccine Borrowing Report(s) must be faxed to the Immunization Division at 803-898-0318. This borrowing report must be kept as part of the providers VFC program records for 3 years.