



Iowa HHS Vaccines for Children (VFC) Program Vaccine Transfer Form

Facility Name: _____ VFC PIN: _____
 Telephone: _____ Email: _____

VFC providers must ensure vaccine supplies are adequate to meet the needs of the provider’s VFC-eligible patients. Vaccine transfers between VFC providers must not prevent an eligible child from receiving a needed vaccination and should be an exception that only occurs when approved by the VFC Program.

Transfers may only occur between clinics enrolled in the VFC Program. Guidelines for transporting vaccine are found in the [Iowa VFC Operations Guide](#). Transfers must be recorded in IRIS following the [VFC-IRIS Vaccine Transfer Instructions](#).

Vaccine Brand Name	Number of Doses	NDC	Lot#	Transfer Date	Reason for Transfer (short-dated vaccine, order delay, other—Specify)	Name of Receiving Organization	VFC PIN of Receiving Organization

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and State laws, that VFC vaccine transfers between providers reported on this form have been accurately reported and conducted in conformance with VFC provisions for such transfer and further certify that all VFC doses transferred during the noted period have been fully reported on this form.

I hereby certify that I have stored vaccine(s) according to CDC recommendations and have provided three months of temperature logs to the receiving clinic.

Clinic Contact Name:	Signature (A typed signature is acceptable):	Date:
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Any inventory adjustments not submitted to the VFC Program for approval will be considered vaccine loss and may lead to restitution of VFC vaccine. This form must be faxed or emailed to the Iowa VFC Program at 1-800-831-6292 or iowaVFC@hhs.iowa.gov for each transfer of vaccine. The provider must retain a copy of the completed form for a minimum of three years.