

Facility Name: Telephone:

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

Email:

VFC PIN:

exception and i	infrequent d	occurrence. Vac	cine transfer	s between <mark>\</mark>	VFC providers can occur only afte	er receiving approval	from the VFC
Program by cal	lling 1-800-	831-6293. List e	ach vaccine	on a separ	ate row. This form must be faxed	or emailed with each	n transfer of
vaccine to the I	lowa VFC F	Program at 1-800)-831-6292 (or <u>lowaVFC</u>	<u>@hhs.iowa.gov</u> . The provider mu	ist retain a copy of th	ne completed
form for a minir	mum of thre	ee years. Any inv	entory adjus	stments not	submitted to the VFC Program for	or approval will be co	nsidered
vaccine loss ar	nd may lead	d to restitution of	VFC vaccin	e. VFC vac	cine can only be transferred to a	clinic enrolled in the	VFC Program.
Guidelines for t	transporting	ງ vaccine are foເ	ınd in the <u>lo</u> v	wa VFC Op	erations Guide and on the lowa \	/FC Program websit	e. Transfers
must also be re	ecorded in I	RIS following the	e <u>VFC-IRIS</u>	Vaccine Tra	ansfer Instructions.		
Vaccine Tradename	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
VFC vaccine of	doses trans with VFC p	ferred between provisions for suc	providers re _l	ported on th	 1 U.S.C. § 3730) and other applic nis form have been accurately rep ertify that all VFC doses transferr	oorted and conducted	d in
I hereby certify logs to the red	•		(s) accordin	g to CDC re	ecommendations and have provid	ded three months of	temperature
Clinic Contact Name:			Signature (A typed signature is acceptable):			Date:	

The provider must assure VFC vaccine supplies are adequate to meet the needs of the provider's VFC-eligible patients and transferring

vaccine will not prevent a child from receiving a needed vaccination. Transferring VFC vaccine to another VFC clinic should be an