



SOUTH CAROLINA VACCINE TRANSFER FORM

****Contact Regional Immunization Program Manager before transfer of vaccine and completion of this form****

Transfer Approved by: _____

Date Transfer Approved: _____

Program Type	NDC	Vaccine	Doses	Mfg	Lot #	Expiration Date

TRANSFER FROM:		PIN #:		
Provider Name: _____				
Address: _____				
City/State/Zip: _____				
Phone: _____		Fax: _____		
STORAGE UNIT INFORMATION: (Upon removal of vaccine)				
	Date	Time	Temp	C/F
Refrigerator				
Freezer (varicella only)				
*For Varicella vaccine only:				
Condition of transport (Circle one): *Refrigerated/Frozen				
*Recommendation from Merck on viability of varicella vaccine after refrigerated transport (Include date and time of call):				
Signature: _____				
Print Your Name: _____				

TRANSFER TO:		PIN #:		
Provider Name: _____				
Address: _____				
City/State/Zip: _____				
Phone: _____		Fax: _____		
TRANSPORT CONTAINER INFORMATION: (At end of transport)				
	Date	Time	Temp	C/F
Refrigerator Transport Container				
Freezer Transport Container				
STORAGE UNIT INFORMATION: (Upon Receipt of Vaccine)				
	Date	Time	Temp	C/F
Refrigerator				
Freezer				
Signature: _____				
Print Your Name: _____				

***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.**

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 (immunize@dhec.sc.gov)).

Item-By-Item Instructions:

1. Provider will enter information for each vaccine being transferred including Program Type (for example VFC or State), NDC, Vaccine Name, Doses, Manufacturer (Mfg), Lot Number and Expiration Date.
2. Provider will indicate the person that approved the transfer of the vaccine.

“Transfer From” Section

1. Transferring provider will enter identifying information about the provider’s office from which the vaccine is being transferred. All information is required.
2. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator storage unit upon removal of vaccine for transfer.
3. **If varicella vaccine is being transferred:** Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of freezer storage unit upon removal of varicella vaccine for transfer. Indicate condition of transport of varicella vaccine: refrigerated or frozen
4. If varicella vaccine is being transferred in its refrigerated state, record the recommendation given from Merck on the stability and viability of the varicella containing vaccine after the transport is completed and the date and time of the call to Merck.
5. Signature of transferring provider is required and assures vaccine was transferred under appropriate storage and handling conditions.

“Transfer To” Section

1. Receiving provider will enter identifying information about the provider’s office to which the vaccine is being transferred. All information is required.
2. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of transport container at end of transport
3. **If varicella vaccine transported in frozen state:** Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of portable freezer transport container at end of transport.
4. **If varicella vaccine transported in refrigerated state:** Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator transport container at end of transport.
5. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator storage unit upon receipt of vaccine.
6. **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.
7. **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.”
8. Signature of receiving provider is required and assures vaccine was received under appropriate storage and handling conditions.

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.