Iowa Department of Public Health
Vaccines for Children Program
Vaccine Transferred Between VFC Providers

Facility Name: _____ VFC PIN: _____

Telephone: (_____)_____ Fax: (_____)_____ Email: _____

The provider must assure that VFC vaccine supplies are adequate to meet the needs of the provider's VFC-eligible patients and that transferring vaccine will not prevent a child from receiving a needed vaccination. Transferring VFC vaccine to another VFC clinic should be the exception and providers should monitor vaccine inventory and vaccine usage patterns closely so that vaccine transfer is an infrequent occurrence. **Vaccine transfers between VFC providers can occur only after receiving approval from the VFC Program by calling 1-800-831-6293.** Each vaccine must be listed on a separate row. This form must be faxed with each transfer of vaccine to the Iowa VFC Program at 1-800-831-6292 and the provider should keep a copy of the completed form in the office records. Any inventory adjustments not submitted to the VFC Program and approved will be considered vaccine loss and may lead to restitution of VFC vaccine. VFC vaccine should never be transferred to a clinic that is not enrolled in the VFC Program.

Vaccine Transferred	Number of Doses Transferred	Lot #	Date Transferred	Reason VFC Vaccine Was Transferred to Another Clinic (Circle one)	Clinic Name Receiving Transferred Vaccine	Clinic VFC PIN Receiving Transferred Vaccine
				1. Vaccine will expire before it can be used 2. VFC order delayed 3. Other (specify)		
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"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 doses transferred between providers reported on this form has been accurately reported and conducted in conformance with VFC provisions for such transfer and further certify that all VFC doses transferred during the noted time period have been fully reported on this form."

Clinic Contact Name: _____ Clinic Contact Signature: _____ Date: _____

Approved by State VFC Program Representative: _____ Date : _____

IRIS Users Only: This information will be monitored by the use of IRIS, Clinic personnel can make adjustments for 1-2 doses by using the negative adjustment reason. If more than two doses are borrowed contact the IRIS Program at 1-800-374-3958. Date IRIS Adjustment Completed: _____