Iowa Department of Public Health
Vaccines for Children Program
Vaccine Borrowing Report Between VFC and Private Vaccine

Facility Name: _____ VFC PIN: _____

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

VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that all vaccine supplies are adequate to meet the needs of the provider's VFC-eligible patients and non-VFC-eligible patients and that borrowing vaccine will not prevent a child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing should be the exception and occur only when there is lack of vaccine due to unexpected circumstances. **Vaccine transfers between private and VFC 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 and identified whether VFC or private. As soon as the borrowed doses are replaced, the form must be faxed to the Iowa VFC Program at 1-800-831-6292. The provider should keep a copy of the completed form in 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.

Vaccine Type Borrowed	Number of Doses Borrowed (VFC or Private)	Lot #	Date Borrowed	Reason Vaccine Was Not Available (Circle one)	Date Replaced	Lot #
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. Other (specify)		
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. Other (specify)		
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC Order delayed 4. VFC order non-viable on arrival 5. Other (specify)		
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC stock non-viable on arrival 5. Other (specify)		

"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 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."

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: _____