Vaccine Transfer Form

This form is to be used in the event of transferring vaccine from provider to provider.

Transferring Provider Instructions

1. Notify the State Immunization Program, and local IAP Coordinator (if applicable) of the intent to transfer vaccine.
2. Complete the transfer form in its entirety.
3. Sign and date the bottom form (**Signature of Transferring Provider**) upon the date of the actual transfer.
4. Document transfer on your Vaccine Order Form, and make a copy of this form for your records.

PLEASE COMPLETE ALL FIELDS

	Transferring Provider Pin #
Name:	Date:
Address:	Phone:
City&State:	Person Completing Form:

Receiving Providers

1. Upon Arrival of the vaccine, check the quantities and lot numbers against what is listed below.
2. Sign and date the bottom of the form in the appropriate place (Signature of Receiving Provider).

Vaccine	**Lot Number (s)**	**Dose(s)**	**Expiration Date (s)**	**Receiving Provider PIN #**

Signature of Transferring Provider: _____Date: _____

Signature of Receiving Provider: _____ Date: _____