

UCVDP VACCINE TRANSFER FORM

Demographic Data

Date of Transfer: _____

Person Completing Form: _____

Provider Transferring Vaccine: _____ NCIR User Yes No

Street Address: _____ City: _____

Phone Number: (_____) _____ Pin #: _____
(For Immunization Branch Use Only)

Provider Receiving Vaccine: _____ NCIR User Yes No

Street Address: _____ City: _____

Phone Number: (_____) _____ Pin #: _____
(For Immunization Branch Use Only)

Vaccine(s) being transferred:

For NCIR users. Would you like for the NCIR Helpdesk to add transferred vaccine into your NCIR inventory? Yes No

Vaccine Type EIPV
Manufacturer/Lot # Aventis T0697-2
Expiration Date 7/3/2003
of doses transferred 20 doses

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Please call 1-877-873-6247 if you have any questions.

Purpose:

To provide a generic method for immunization providers to report vaccine transfers between UCVDP participants to the North Carolina Immunization Branch.

Preparation:

1. Complete the demographic data including provider name and street address for both the transferring and receiving facilities.
2. Report all doses transferred, including multi-dose vials, single-dose vials, and manufacturers pre-filled syringes. Include vaccine type, manufacturer, lot number, expiration date and number of doses transferred.
3. Make a copy for your records.

Distribution:

Send form to: Immunization Branch
 1917 Mail Service Center
 Raleigh, NC 27699-1917

or fax form to: 1-800-544-3058.

Disposition:

Retain a copy of the completed form for one year or destroy when agency need ends.

Reordering:

User may copy form as needed or call 1-877-873-6247 or fax 1-800-544-3058 for more copies.