

H1N1 Influenza Vaccine Transfer Form

Please use this form when transferring from Receiving Site to Dispensing Site. This form will allow you to track a vaccine lot if required.

TRANSFERRED

FROM: _____ PIN # _____

DISPENSING

SITE: _____ (VFC PIN # if available) _____

ADDRESS _____ STATE _____ ZIP _____

CONTACT at DISPENSING SITE: _____
Print Name

DATE OF TRANSFER _____

If questions call the IMMUNIZATION PROGRAM at 800-852-3345 x 4463 or 603-271-4463

NAME OF VACCINE	LOT #	EXP. DATE	AMOUNT	INITIALS

1. Document the transfer of vaccine on this form.
2. The Site transferring the vaccine will make a copy of this form and place in cooler with the vaccine for the DISPENSING SITE records.
3. Both practices should keep a copy of this transfer in their office files.
4. If there are any questions regarding this process please call the Immunization Program at 603-271-4482.

TRANSFERRING VACCINE

- Complete the transfer log information above
- Place vaccine in bottom of cooler
- Cover with chux
- Place cool packs on top of chux
- NEVER place a frozen ice pack directly on vaccine