

Childhood Vaccine Program

Office of Immunization and Child Profile | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Vaccine Transfer Request Form:

Vaccine transfers increase the risk of a temperature excursion and therefore are not a recommended practice. Vaccine transfers should not be routine and are discouraged unless transferring short dated vaccine. To request a vaccine transfer please review the instructions and complete the requested information below.

Note: Emergency Transport, during a power outage or vaccine storage unit failure, should be in accordance with your facility's Vaccine Management Plan. Emergency transport doesn't require pre-approval.

Instructions
<input type="checkbox"/> Locate another Washington State Childhood Vaccine Program (CVP) enrolled provider to accept the vaccine transfer. Contact the CVP for assistance in locating a provider if needed.
<input type="checkbox"/> Submit the transfer request along with the current month's temperature log for approval <u>before</u> transferring publicly supplied vaccines. Email forms to WACHildhoodVaccines@doh.wa.gov or fax to 360-236-3811. When the request has been approved, both providers will receive notice by email.
<input type="checkbox"/> After receiving approval for your transfer, make arrangements for the date and time to conduct the transfer.
<input type="checkbox"/> Ensure you have a working digital data logger, with a current certificate of calibration, for use during transport.
<input type="checkbox"/> Ensure you have all necessary materials to pack and transport the vaccine – See section one of the vaccine transport guidelines .

Date Of Request	
Transferring Provider	PIN
Contact Person	Phone Number
Email	
Receiving Provider	PIN
Contact Person	Phone Number
Email	

I request permission to transfer the following vaccines:

Vaccine Name	NDC	Number of Doses	Lot Number From Box	Expiration Date
Reason for Transfer:	<input type="checkbox"/> Short Dated <input type="checkbox"/> Over Stocked		<input type="checkbox"/> Other	
Other: (must detail reason)				

**Partially used vials cannot be transferred between providers.*

DOH USE ONLY Reviewer: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
-------------------------------------	-------------	-----------------------------------	---------------------------------

Childhood Vaccine Program

Office of Immunization and Child Profile | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Vaccine Transfer Guidance and Tracking Form:

Instructions
<input type="checkbox"/> Follow the vaccine transport guidelines for packing vaccines.
<input type="checkbox"/> Use a portable storage unit, hard sided cooler, or approved vaccine shipping container.
<input type="checkbox"/> Use a digital data logger that meets state and CDC guidelines for public vaccine.
<input type="checkbox"/> Document transferred vaccine in the IIS – see reference guide on Adjusting Inventory .
<input type="checkbox"/> Ensure the cold chain is maintained at all times during transport.
<input type="checkbox"/> Document the temperature of vaccines in the cooler (vaccine transport container) before and after transport with the min/max included.
<input type="checkbox"/> Make a copy of the transfer tracking form and give the copy to the receiving clinic for documentation.
<input type="checkbox"/> Email or fax the completed Vaccine Transfer Tracking Form to DOH. <ul style="list-style-type: none"> • Email: WACHildhoodVaccines@doh.wa.gov Fax:360-236-3811.
<input type="checkbox"/> If vaccine goes out of appropriate temperature range see the Vaccine Temperature Excursion Guide <ul style="list-style-type: none"> • Store the vaccine at appropriate temperatures as soon as possible and mark “do not use”. • Call the manufacturer to assess viability of the vaccine and notify the Childhood Vaccine Program of the results.
<input type="checkbox"/> Document any wasted vaccine doses on the Vaccine Loss Log and in the IIS using the online return function.

Vaccine Transport Documentation:	
Date Transfer was completed	
Transferring Provider Signature	PIN
Receiving Provider Signature	PIN
Type of transport container used	<input type="checkbox"/> Portable refrigerator/freezer <input type="checkbox"/> Hard-sided cooler <input type="checkbox"/> Qualified container and packout*
Packing material used	
Make, model & calibration expiration date of thermometer used	
Vaccine Transport Temperatures	Temp. of vaccine in transport container before departure: C/F
	Temp. of vaccine in transport container upon arrival: C/F
	Min/Max During Transport: C/F
* A type of container and supplies specifically designed for use when packing vaccines for transport. They are “qualified” through laboratory testing under controlled conditions to ensure they achieve and maintain desired temperatures for a set amount of time.	

DOH USE ONLY Reviewer: _____	Date: _____	<input type="checkbox"/> Contacted
-------------------------------------	-------------	------------------------------------