



**Texas Vaccines for Children
Vaccine Transfer**

From: (enter PIN, clinic name, and phone #)*

To: (enter PIN, clinic name, and phone #)*

Only full, sealed vials may be transferred or returned. Expired/ruined open vials must be reported on the Texas Vaccines for Children, Vaccine Loss (EC-69).

****Reasons: Transfer, Returned to (indicate site), Over-Stocked, Special Clinic**

Vaccine Type	# Doses	National Drug Code	Lot Number	Expiration	*Reason for Transfer or Return
DT					
DTaP					
DTaP-HepB-IPV					
Hep A, Adult					
Hep A, Pedi/Adol					
Hep B, Adult					
Hep B, Pedi/Adol					
Hib					
Hib/Hep B					
Human papillomavirus (HPV) vaccine					
Influenza - 6-35 mos+					
Influenza - 36 mos+					
IPV					
Meningococcal Conjugate (MCV4)					
MMR					
MMRV					
Pneumococcal Conjugate (PCV 7)					
Pneumococcal Polysaccharide (PPV 23)					
Rotavirus					
Td					
Tdap					
Varicella					

This Vaccine Transfer form is to document the transfer of unopened, usable state-supplied vaccines between TVFC providers or returned to the Texas Department of State Health Services (DSHS) regional office or local health department.

***Required Entry Instructions:**

1. Complete this form, sign and submit to your DSHS regional office or local health department with your Monthly Biological Report (C-33).
2. List each vaccine by national drug code, lot number and expiration date. Complete 'Reason for Transfer or Return' column using the options** outlined.
3. Amount transferred must be noted on the appropriate Texas Vaccines for Children Monthly Biological Report, C-33 in "Column G: Doses Transferred"
4. Form must be signed and dated by the physician or authorized person enrolled in the TVFC program. Keep a file copy.
5. Complete shipping modality by indicating i.e. handcarried, UPS, US postal service.

Approved by: (Physician or other authorized signature)*

Date:

Shipping Modality:*

DSHS/HD USE ONLY

Processed By:

Agency:

Date: