**NC IMMUNIZATION PROGRAM (NCIP) VACCINE TRANSFER FORM**

Date of Transfer: ________________

Person Completing Form: ______________________________________________________

Provider Transferring Vaccine: ________________________________________________

Street Address: _____________________________________________________________  City: __________________________________________

Phone Number: (____)__________________________Pin #: __________________________ (For Immunization Branch Use Only)

Provider Receiving Vaccine: _________________________________________________

Street Address: _____________________________________________________________ City: __________________________________________

Phone Number: (____)__________________________Pin #: __________________________ (For Immunization Branch Use Only)

### Vaccine(s) being transferred:

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Manufacturer/Lot #</th>
<th>Expiration Date</th>
<th># of doses transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIPV</td>
<td>Aventis T0697-2</td>
<td>7/3/2003</td>
<td>20 doses</td>
</tr>
</tbody>
</table>

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 NCIP 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:
Create a ticket via the NC Vaccines Help Desk Portal and attach the completed Vaccine Transfer Form to the ticket.

Disposition:
Retain a copy of the completed form for three years or destroy when agency need ends.

Reordering:
User may copy form as needed or call 1-877-873-6247.