VACCINE TRANSFER / WASTAGE REPORT FORM

Please use for <u>either</u> transferring <u>or</u> wastage, but <u>not</u> for reporting both on the same sheet.

ARE YOU REPORTING WASTAGE OR A TRANSFER? WASTAGE TRANSFER (only circle one)

DATE: _____ / _____ / _____

YOUR CLINIC/HOSPITAL NAME: _____ Vaccine Provider ID #: _____
No Abbreviations

RECEIVING CLINC/HOSPITAL NAME : _____ Vaccine Provider ID #: _____
(if transferring only) No Abbreviations

TYPE OF VACCINE	LOT NUMBER	EXPIRATION DATE	# OF DOSES	REASON FOR TRANSFER OR WASTAGE

VACCINE TRANSFER INSTRUCTIONS

TRANSFERRING PROVIDER: Notify the Vaccine Management Specialist at the SD Dept. of Health of the intent to transfer vaccines. 605-773-4963 Fill out the form above in it's entirety. Keep the **Pink** copy of the form and send the **White** and **Canary** copy along with the vaccine to the receiving provider. Sign and date the bottom of this form on the date of the actual transfer.

RECEIVING PROVIDER: Upon arrival of the vaccine, check the quantities and lot numbers against what is listed above. If you find a discrepancy notify the Vaccine Management Specialist at the SD Dept. of Health Immediately. Sign and Date the form (below). Keep **Canary** copy for your records.

Mail the **WHITE** copy to : South Dakota Department of Health
Attention Immunization Program
615 E Fourth St
Pierre, SD 57501 **or FAX** to 605-773-4113.

VACCINE WASTAGE INSTRUCTIONS

Fill out the above information completely.
White Copy: Sent to and retained by the SD Department of Health
Canary Copy: Sent to McKesson along with the expired/wasted vaccine.
Pink Copy: Retained by the Submitting Provider

Mail the **WHITE** copy to: SD Department of Health
Attention: Immunization Program
615 E Fourth St,
Pierre, SD 57501
or FAX to 605-773-4113

For instructions and a return label for McKesson call the SD Department of Health 605-773-4963.

Signature of Provider Transferring or Wasting Vaccine: _____

Signature of Provider Receiving Transferred Vaccine (if applicable):_____

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