**VACCINE TRANSFER & TRANSPORT FORM**

**TRANSFERRING/TRANSPORTING PROVIDER:** Refer to South Dakota Immunization Program Policy #05 — VFC Vaccine Transfer & Transport.

Notify the Immunization Program Vaccine Management Specialist of the intent to transfer vaccines at (605) 773-4963. Fill out the table below completely. Keep the PINK copy of this form and send the WHITE and YELLOW copies along with the vaccine to the receiving provider.

**Transferring or Transporting Clinic/Hospital Name:** ____________________________________________  VFC PIN #: _______________

**Signature of Person Responsible for this Transfer/Transport:** ____________________________________  Date: _______ / _______ / _______

**Signature of Person Transporting Vaccine:** ________________________________________________  Date: _______ / _______ / _______

<table>
<thead>
<tr>
<th>Name of Vaccine</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>Expiration</th>
<th># Doses</th>
<th>Reason for Transport/Transfer:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Record time vaccine was removed from original storage unit.</td>
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<td>Temperature on digital data logger after vaccine is packed for transport.</td>
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<td>Record time vaccine is unpacked and placed in destination storage unit.</td>
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<td>Temperature on digital data logger at the end of transport (from the digital data logger that traveled with the vaccine)</td>
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<td>Minimum and maximum temperature during transport (from the digital data logger that traveled with the vaccine)</td>
</tr>
</tbody>
</table>

**RECEIVING PROVIDER:** Upon receipt of vaccine, confirm the quantities and lot numbers in the table above. Complete this form and keep the YELLOW Copy.

**Did this transfer/transport result in a temperature excursion?** ☐ NO  ☐ YES  → If the vaccine experienced a temperature excursion during transfer/transport refer to South Dakota Immunization Program Policy #04 — VFC Vaccine Exposed to Abnormal Temperatures and the corresponding worksheet.

**Receiving Clinic/Hospital Name (if applicable):** ____________________________________________  VFC PIN #: _______________

**Signature of Receiving Provider:** ________________________________________________  Date: _______ / _______ / _______

Mail WHITE Copy to: South Dakota Department of Health
Attn: Immunization Management Specialist
615 E. 4th St.
Pierre, SD 57501

**OR Fax to:** (605) 773-4113

**Immunization Program Phone Numbers**

- Immunization Program Coordinator: (605) 773-5323
- Vaccine Management Specialist: (605) 773-4963
- Immunization Registry Coordinator: (605) 773-4783
- Immunization Education Coordinator: (605) 773-2664