## **VACCINE TRANSFER & TRANSPORT FORM**

Notify the Immunization I form and send the WHITE	Program Vaccine Manage and YELLOW copies alon	ment Specialist of the intent g with the vaccine to the rec	t to transfer vaccine ceiving provider.	es at (605) 773	ram Policy #5 — VFC Vaccine Transfer -4963. Fill out the table below completely VF	y. Keep the PI	INK copy of the
Signature of provider transferring vaccine (if transfer is taking place):							
Signature of Person Transporting Vaccine:					Date:	/_	/
Name of Vaccine	Manufacturer	Lot Number	Expiration	# Doses	Reason for Transport/Transfer:		
					Record time vaccine was removed from original storage unit.		
					Temperature on digital data logger after vaccine is packed for transport.		
					Record time vaccine is unpacked and placed in destination storage unit.		
					Temperature on digital data logger at the end of transport (from the digital data logger that traveled with the vaccine)		
					Minimum and maximum temperature during transport (from the digital data logger that traveled with the vaccine)		emp:
Did this transfer/trar refer to South Dakota Im	nsport result in a tem munization Program Poli	perature excursion?	NO YE	S ⇒ If the va	bove. Complete this form and keep the YE accine experienced a temperature excursiond the corresponding worksheet.		ansfer/transport
		•					/
Mail WHITE Copy to: S A		ent of Health	<u>lmmu</u> Immuni Vaccine	nization Prog zation Progra Managemen	gram Contact Phone Numbers Im Coordinator: (605) 773-5323		SOUTH DAKOTA HEALTH

Immunization Community Educator: (605) 773-2664

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