

VACCINES FOR CHILDREN (VFC) PROGRAM

RETURN OR TRANSFER OF VFC VACCINES REPORT

Instructions:

1. Please print or type. Complete this form and then fax (toll-free) a copy to the VFC Program at 877-FAXX-VFC (877-329-9832).
2. Make a copy of this form for your records. Then place the original copy of the form in the package with the vaccines you are returning to the VFC Program.
3. Obtain and keep a receipt of the mailing as your proof of shipment.

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		PIN	
		COUNTY	
		DATE	
MAILING ADDRESS (NUMBER/STREET)		CITY	ZIP CODE
CONTACT PERSON		TITLE	
TELEPHONE NUMBER		FAX NUMBER	

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	FOR STATE USE ONLY			COMMENTS
						VACCINE RECEIVED IN GOOD CONDITION?			
						YES	NO	N/A	

TRANSACTION CODES—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1	Viable Vaccine— Returned to VFC Program				<i>Do not return viable vaccine to the VFC Program without prior approval of the VFC Program.</i>
2	Viable Vaccine— Transferred to Another VFC Provider	NAME	PIN	TELEPHONE	<i>You need the prior approval of the VFC Program to transfer VFC vaccine to another VFC provider.</i>
3	Viable Vaccine— Received from Another VFC Provider	NAME	PIN	TELEPHONE	
4	Spoiled Vaccine— Returned to the VFC Program	<i>Return vaccine to: General Injectables & Vaccines (GIV) Route 21-52 Bastian, VA 24314</i>			<i>You must send the VFC Program, with this report, a letter detailing the events (e.g., power outage) that resulted in spoiled vaccine.</i>
5	Expired Vaccine— Returned to the VFC Program				