

Connecticut Vaccine Program  
**Vaccine Transfer Form**

FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

This form is to be used in the event of transferring viable vaccine from provider to provider

**Transferring Provider Instructions:**

1. Notify the State Immunization Program of the intent to transfer vaccine.
2. Complete the transfer form in its entirety.
3. Follow cold chain instructions including transporting vaccine in an insulated container with cold packs.
4. Both providers need to sign and date the bottom of this form upon the date of actual transfer.
5. Fax a copy of this completed form to the Connecticut Vaccine Program at (860) 509-8371 and be sure to keep a copy for your records. To download additional forms please go to [www.ct.gov/dph/cvp](http://www.ct.gov/dph/cvp)

**Cold Chain Instructions:**

1. For refrigerated vaccines: keep cold at 35 to 45 degrees, do not freeze. Use refrigerated or ice packs (frozen ice packs for hot weather, refrigerated packs for cold weather)
2. Make sure vaccines are kept in their original boxes. Place insulation (crumpled paper or bubble wrap) between vaccines boxes and refrigerated or frozen ice packs to prevent vaccine freezing. Put crushed paper in cooler to keep vaccines from shifting during transport.
3. Do not leave vaccine container unattended or in the trunk of your car.
4. For transport of varicella vaccine please go to [www.ct.gov/dph/lib/dph/infectious\\_diseases/immunization/policymemos/update\\_varicella\\_transport\\_instructions\\_12\\_12\\_11.pdf](http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/policymemos/update_varicella_transport_instructions_12_12_11.pdf)

	<b>Transferring Provider Pin #</b>
Facility Name	Date
Address	Phone
City	Person Completing Form

**Receiving Transferred Vaccine**

1. Upon Arrival of vaccine, check the quantities and lot numbers against what is listed below.
2. Sign and date the bottom of the form in the appropriate place (Signature of Receiving Provider).
3. Store vaccines immediately.

Vaccine	NDC Number	Lot Number	Number of Doses Transferred	Expiration Date	Receiving Provider PIN #

Signature of Transferring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Receiving Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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 Phone (860) 509-7929 • Fax (860) 509-7945 • [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations)

