



**VACCINE TRANSFER FORM**

**Instructions:**

1. Complete this form and then fax a copy to your VFC consultant
2. Make a copy for your records. Enclose the original copy in the package with the expired/  
wasted vaccine you are returning to McKesson Specialty Distribution.
3. Clearly mark the outside of the shipping container "Expired and/or Wasted Vaccine Enclosed".
4. Do not return viable vaccine to the VFC Program without prior approval.

Provider's Name		Contact Name	Medicaid number
Provider's Address		Telephone Number (       )	VFC provider number
City	Zip	Month	Clinic NPI number

**Please complete all sections on this form**

DATE	NDC #	VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	COMMENTS

**TRANSACTION CODES - Enter one of these codes into the column above.**

CODE	DEFINITION	ADDITIONAL INFORMATION (FOR TRANSFERRING OR RECEIVING VIABLE VACCINE FROM ANOTHER VFC PROVIDER)			NOTES
1	Viable Vaccine Transferred to another VFC Provider	Name	VFC #	Telephone #	You need the approval of the VFC Program prior to transferring vaccine to another provider.
2	Viable Vaccine Received from another VFC Provider	Name	VFC #	Telephone #	
3	Wasted Vaccine Returned to McKesson	<b>To request a return label from McKesson for expired/wasted vaccine, please contact your VFC consultant.                      Call 614-466-4643 or 1-800-282-0546.</b>			You must send a letter detailing the events (e.g., power outage) that resulted in wasted vaccine with this report.
4	Expired Vaccine Returned to McKesson				

**Questions?: Phone (614) 752-1352; Immunization Program Phone (800) 282-0546**