

Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Programs VACCINE BORROWING REPORT

Facility Name:	TVFC Program
•	Check the box if this is for: ☐ ASN Program
PIN #:	☐ ASN Program

All TVFC/ASN providers are expected to manage and maintain an adequate inventory of vaccine for both their TVFC/ASN and non-TVFC/ASN-eligible patients. Vaccine supplied by the TVFC/ASN Programs cannot be provided to a non-TVFC/ASN-eligible patient. Planned borrowing of TVFC/ASN vaccine including the use of TVFC/ASN vaccine as a replacement system for a provider's privately purchased vaccine inventory is not permissible. Undocumented borrowing and administering of TVFC/ASN vaccines to a non-TVFC/ASN patient is considered fraud.

In addition, borrowing between TVFC and ASN requires a vaccine borrowing report. Planned borrowing between the TVFC and ASN programs is not permitted.

TVFC/ASN providers cannot use TVFC/ASN vaccine as a replacement system for filling the vaccine needs of a non-TVFC/ASN privately insured patient. If a TVFC/ASN dose(s) is accidentally administered to a non-TVFC/ASN-eligible patient, the provider must complete the TVFC/ASN Borrowing Report Form (EC-67) and replace the vaccine immediately.

COMPLETE THIS FORM WHEN:

- A dose of TVFC vaccine is administered to a non TVFC-eligible child.
- A dose of privately-purchased vaccine is administered to a TVFC-eligible child or an ASN-eligible adult.
- A dose of ASN vaccine is administered to a TVFC-eligible child.
- A dose of ASN vaccine is administered to a non ASN-eligible adult.
- A dose of TVFC vaccine is administered to an ASN-eligible patient.
- Enter information on each dose of vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each dose borrowed.
- The provider must sign and date at the bottom of this report.
- Enter the corresponding reason code in column F of the Borrowing Report Table on page 2.
- Enter details of reason in Column F if an Other code (9 Other or 16 Other) is entered in the Vaccine Borrowing Reportable.

Reason for Vaccine Borrowing and Replacement Coding Legend

Reason for vaccine borrowing and Replacement Couning Legend						
Reason for Borrowing TVFC/ASN Dose		Reason for Borrowing Private Dose				
Private vaccine shipment delay (vaccine order placed on time/delay in shipping)	1	TVFC/ASN vaccine shipment delay (order placed on time/delay in shipping)	10			
Private vaccine not useable on arrival (vials broken, temperature monitor out of range)	2	TVFC/ASN vaccine not useable on arrival (vials broken, temperature monitor				
Ran out of private vaccine between orders (not due to shipping delays)	3	out of range)	11			
Short-dated private dose was exchanged with TVFC/ASN dose	4	Ran out of TVFC/ASN vaccine between orders (not due to shipping delays)	12			
Accidental use of TVFC/ASN dose for a private patient	5	Short-dated TVFC/ASN dose was exchanged with private dose	13			
Accidental use of ASN dose for a TVFC patient.	6	Accidental use of a Private dose for a TVFC-eligible patient	14			
Accidental use of TVFC dose for an ASN patient.	7	Accidental use of a Private dose for an ASN-eligible patient.	15			
Replacement of Private dose with TVF/ASN when insurance plan did not cover vaccine	8	Other – Describe:	16 Other			
Other – Describe:	9 Other					

WHAT TO DO WITH THIS FORM:

• The Vaccine Borrowing Form must be kept as part of the TVFC/ASN Program records for a minimum five years and be made easily available.



TVFC/ASN VACCINE BORROWING REPORT (Continued)

Date Range of Vaccin	e Reporting (date of first	dose borrowed to date of	of last dose borrowed)://	/ to/	/	
----------------------	----------------------------	--------------------------	-----------------------	------	-------	---	--

VACCINE BORROWING REPORT TABLE								
A	В	С		D	E	F		G
Vaccine Type Borrowed	Stock Used (TVFC, ASN, or Private)	Patient Na	ime	Patient DOB (MM/DD/YYYY)	Date Dose Administered (MM/DD/YYYY)	Reason Appropriate Va Stock Was Not Use (Use legend code on p	ed	Date Dose Returned to Appropriate Stock
						to mark one reason for dose borrowed)	each	(MM/DD/YYYY)
I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that TVFC/ASN vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with TVFC/ASN provisions for such borrowing and further certify that all TVFC/ASN doses borrowed during the noted time period have been fully reported on this form.								
Provider Name:			Provider Signa	ature:			Date:	