

## Texas Vaccines for Children (TVFC) Program Vaccine Transfer Authorization Form

**Guidance:**

Texas Vaccines for Children (TVFC) providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of TVFC vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the TVFC Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**

The TVFC providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the TVFC Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan):**

In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a TVFC provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible. A printout of the Tally Sheet from EVI with the current vaccine counts pre-populated can be attached in lieu of handwriting all vaccine information on page 2.

**Vaccine Transferring From:**

PIN/Customer ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Vaccine Transferring To:**

PIN/Customer ID (if applicable): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for Transferring Request:  
(Check the appropriate reason)**

- 1. Short-Dated Vaccine
- 2. Withdrawal from the TVFC Program
- 3. Other (please specify) :

\_\_\_\_\_

\_\_\_\_\_

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that Vaccines for Children (VFC) vaccine dose transfers reported on this form has been accurately reported and conducted in conformance with VFC provisions for such transfers and further certify that all VFC transfers will maintain the proper cold chain as outlined in the TVFC Provider Manual.

Provider Name: \_\_\_\_\_ Provider Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

DSHS HSR Representative Name: \_\_\_\_\_ DSHS HSR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>Provider or designee with authorization to act on behalf of the organization.



