



VACCINE TRANSFER

State Form 54658 (R1-14)
Indiana State Department of Health, Immunization Division

Date of Transfer (month, day, year) _____

Authorized by _____

Transfer Site PIN Number _____

Receiving Site PIN Number _____

Facility Name _____

Facility Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Fax _____

Fax _____

Temperature at Pick-up _____ (Check: °F °C)

Temperature at Drop-off _____ (Check: °F °C)

Transfer Site Contact Name _____

Receiving Site Contact Name _____

Signature _____

Signature _____

Reason for Transfer (Check one only)

- Compliance Issue
- No longer in VFC Program
- Other _____
- Outbreak
- Over shipment
- Vaccine shortage

List Vaccine to be Transferred

Vaccine Brand Name	NDC #	Lot number	Expiration Date (month, day, year)	Number of Doses

Additional vaccine can be listed on next page, if needed.

For ISDH Use Only	
Completed By (Printed) _____	Date Transfer Assigned (month, day, year) _____
Completed By (Signature) _____	Date Transfer Completed (month, day, year) _____

