



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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DAVID L. LAKEY, M.D.
COMMISSIONER

July 3, 2014

RE: Policy 0014-5 TVFC Vaccine Transfer Authorization Form

Dear Texas Vaccines for Children (TVFC) provider,

The Centers for Disease Control and Prevention (CDC) is requiring state immunization programs to enhance the oversight of all vaccine transfers between VFC provider sites. As such, the Texas Department of State Health Services (DSHS) Immunization Branch is requiring all TVFC provider sites to submit and receive pre-approval from the appropriate DSHS Health Service Regions (HSR) immunization staff prior to conducting further vaccine transfers.

Effective immediately, the TVFC Program is requiring all TVFC providers to use the enclosed Vaccine Transfer Authorization Form (EC-67) when transferring vaccine between providers.

The routine re-distribution of TVFC vaccine is no longer allowed for TVFC Providers. The transfer of vaccine between TVFC clinic sites may only be conducted for the following reasons: overstock of vaccine, short dated vaccine, withdrawal of a provider from the TVFC Program, replenishing another clinic's inventory, or an emergency situation.

All vaccine transfers require a certified calibrated thermometer to be included in the transport container. The thermometer must have minimum and maximum temperature recording capability to ensure temperature excursions have not occurred during the vaccine transfer. The certificate of calibration for the thermometer must be included in the transfer.

To conduct a vaccine transfer, the TVFC Provider (or authorized designee) who is initiating the vaccine transfer must complete the following:

1. Ensure that the vaccine transfer is for one of the following reasons:
 - a) Overstock of vaccine
 - b) Short dated vaccine
 - c) Withdrawal of a provider from the TVFC Program
 - d) Replenishing another clinic's inventory
 - e) Other (emergency situations)
2. Complete and sign the TVFC Vaccine Transfer Authorization Form (EC-67) and agree that the vaccine will be transferred in accordance to DSHS vaccine storage and handling guidelines (to ensure the proper cold chain will be maintained throughout the transfer process). Each vaccine that is going to be transferred must be listed on a separate row on the Vaccine Transfer

Authorization Form and include the vaccine type, the National Drug Code, the lot number, the expiration date and the number of doses that are being transferred.

3. Fax the completed Vaccine Transfer Authorization Form to the appropriate DSHS HSR (see below).
4. Once the DSHS HSR approves the transfer (within 2 business days), a signed copy of the form will be faxed to both the provider requesting the transfer and the local health department (if applicable). Once the provider receives the approval fax from the DSHS HSR, the provider may conduct the transfer in the Electronic Vaccine Inventory (EVI) system.
 Note: For emergency situations, call the DSHS HSR prior to faxing the TVFC Vaccine Transfer Authorization Form.
5. Ensure that vaccine is packaged using proper cold chain management and a certified, calibrated thermometer is enclosed with the packaged vaccine.
6. Include a copy of the EVI Transfer Form in the transfer package. The EVI Transfer Form is printed after the transfer is conducted in EVI.
7. Include a Temperature Recording Form (C-105) to document temperatures before, during, and at the conclusion of the vaccine transfer.
8. The TVFC Vaccine Transfer Authorization Form must be kept on file for a minimum of five years.

Thank you for your continued support of the TVFC Program. For any questions, please contact the appropriate DSHS HSR below.

DSHS Health Service Region Phone List

Provider PINS Beginning With	Health Service Region	Phone Number	Fax
01	HSR 1	806-783-6416	806-783-6424
02	HSR 2	325-795-5660	325-795-5895
03	HSR 3	817-264-4793	817-264-4582
04 or 05 not in Hardin, Jefferson or Orange Counties	HSR 4/5N	903-533-5310	903-533-9502
05 in Hardin, Jefferson or Orange Counties or 06 or 25	HSR 6/5S	713-767-3410	713-767-3439
07	HSR 7	254-778-6744	254-771-2612
08 or 00	HSR 8	210-949-2067	210-949-2133
09	HSR 9	432-571-4132	432-571-4162
10	HSR 10	915-834-7924	915-834-7598
11	HSR 11	956-421-5552	956-444-3252

Sincerely,



Saroj Rai, Ph.D.
 Manager, Immunization Branch