

SAMPLE COMPLETED VFC Vaccine Borrowing Report

Guidance:

VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for their non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that VFC vaccine supply is adequate to meet the needs of the provider's VFC-eligible patients and that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing would occur only when there is lack of private-stock vaccine due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be provider planned borrowing from VFC stock.

Directions for use of this form:

When a provider has borrowed VFC vaccine for administration to a non-VFC-eligible child, this form must be COMPLETELY FILLED OUT for each non-VFC-eligible child receiving a VFC vaccine. **Each VFC vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of VFC vaccine are replaced by private stock vaccine, the form must be faxed to the immunization program:

Attention: Florence Nightingale
Fax Number: 555-444-3333
Time period of 10/19/2007 to 10 /21/2007
Clinic/Provider Name: ABC Clinic
Office Contact Name: Suzie Que
Telephone Number/ fax: 555-444-2211/555-444-9889
E-mail address: Que@abc.com
VFC Number: 21122

For each VFC vaccine borrowed all information in that row of the table must be completely filled out.

It is acceptable to use “ ” to indicate the above child received another VFC vaccine as long as the additional vaccines are identified.

It is also acceptable for each VFC vaccine borrowed and administered to an individual to complete all information in each row of the table.

Circle or write in reason for no private stock was available.

Vaccine Borrowed	Patient Name/Patient Identifier	DOB	Date Borrowed	Reason no private stock vaccine was available	Date vaccine returned to VFC stock
DTaP	Shirley Temple	08/01/20007	10/19/2007	1. Private stock order shipment delayed 2. Private stock order non-viable on arrival 3. Other (specify)	10/21/2007
IPV	“ ”	“ ”	“ ”	1. Private stock order shipment delayed 2. Private stock order non-viable on arrival 3. Other (specify)	10/21/2007
DTaP	Mickey Rooney	08/15/2007	10/19/2007	1. Private stock order shipment delayed 2. Private stock order non-viable on arrival 3. Other (specify)	10/21/2007
IPV	Mickey Rooney	08/15/2007	10/19/2007	1. Private stock order shipment delayed 2. Private stock order non-viable on arrival 3. Other (specify)	10/21/2007
				1. Private stock order shipment delayed 2. Private stock order non-viable on arrival 3. Other (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 VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing [(add cite to Ops Guide provisions or other guidance provided to VFC providers)] and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

Provider Name: Dr. Sam Who Provider Signature: Dr. Sam Who Date: 10/21/2007

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Directions for use of this form:

When a provider has borrowed VFC vaccine for administration to a non-VFC-eligible child, this form must be COMPLETELY FILLED OUT for each non-VFC-eligible child receiving a VFC vaccine. **Each VFC vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of VFC vaccine are replaced by private stock vaccine, the form must be faxed to the immunization program, and the provider should keep a copy of the completed form in the office records.

Attention:

Fax Number:

Time period of ___/___/___ to ___/___/___

Clinic/Provider Name:

Office Contact Name:

Telephone Number/ fax:

E-mail address:

VFC Number:

Vaccine Borrowed	Patient Name/Patient Identifier	DOB	Date Borrowed	Reason no private stock vaccine was available (circle one)	Date vaccine returned to VFC stock
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Provider Name: _____ Provider Signature: _____ Date: _____