

# Check Receiving Provider Information in VAOS for Transferring a Vaccine

VAOS Job Aid for Providers | 1/15/2021

# Overview

- **Purpose**

- The following job aid describes how COVID-19 Vaccine Providers may find Receiving Provider information in the **Vaccine Allocation & Ordering System (VAOS)** so that they may complete an approved transfer of vaccines

- **Audience**

- VAOS primary and backup vaccine coordinators



# Check Receiving Provider Information in VAOS for Transferring a Vaccine



# Request Approved: Now What?

Once a request to transfer or return vaccines is approved, the **requesting person at the *Transferring Provider*** will receive an email notification.

Dear Provider,

Thank you for your return request submission. Your request to return 2 doses of COVID-19 from Mait\_org16\_01 has been **approved**. These doses will be transferred to Tes Acc!@.

As the returning provider, **you are responsible for the physical transfer of the approved doses to Tes Acc!@**. You can view the relevant details of your vaccine transfer, including the address and contact information for the receiving provider, in the Texas Vaccine Allocation and Ordering System (VAOS) at <https://texasvaccines.dshs.texas.gov>.

## Next Steps:

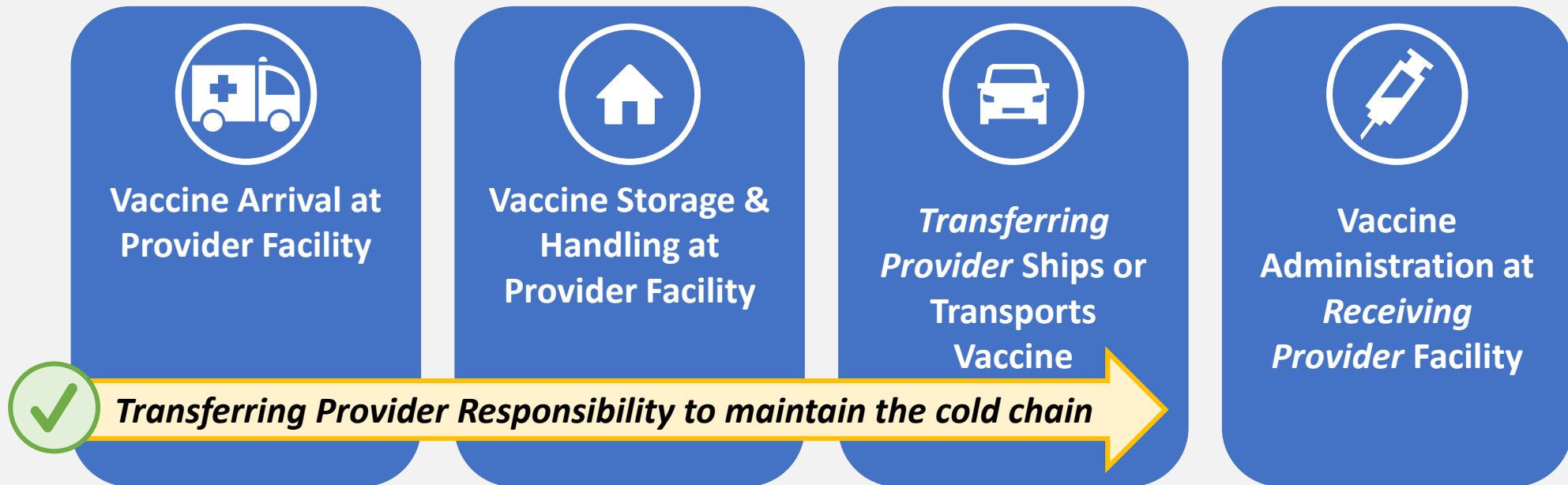
1. In VAOS, navigate to Service Requests and download Vaccine Transfer form to view relevant details for the receiving provider
2. Contact the receiving provider to coordinate the transfer of doses
3. Ship or otherwise physically transfer doses to the receiving provider as soon as possible

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For any questions related to COVID-19 orders, or technical questions on how the Vaccine Ordering and Management system operates, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

# Responsibilities for Transferring Vaccines

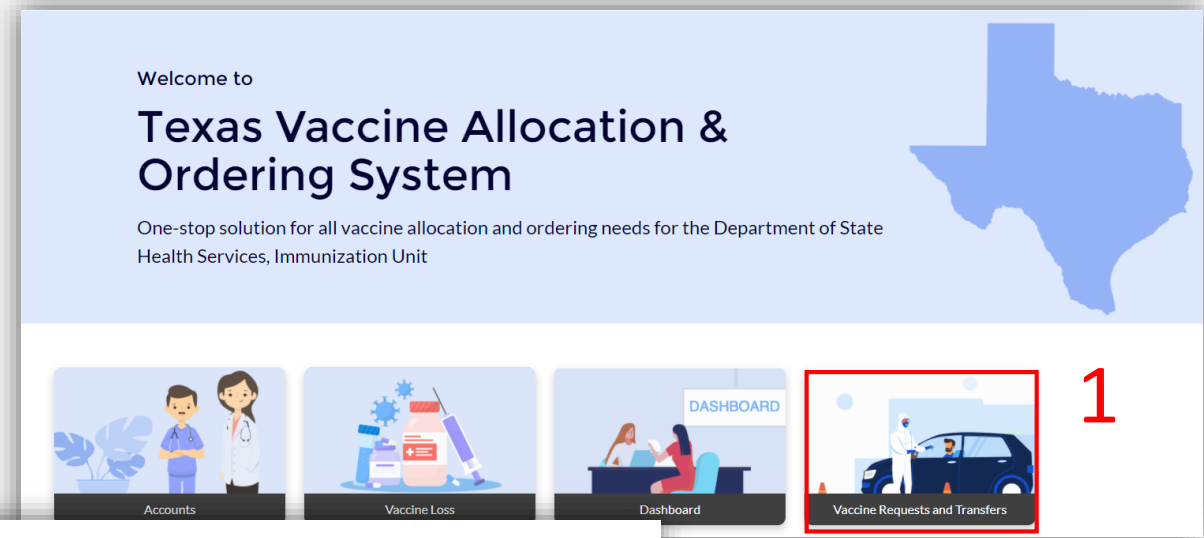
When a Provider's request to transfer or return vaccines is approved, DSHS will indicate a *Receiving Provider* where the approved doses should be sent. The *Transferring Provider* is responsible for shipping or otherwise transporting the vaccine to the *Receiving Provider* while maintaining the cold chain and proper vaccine storage.



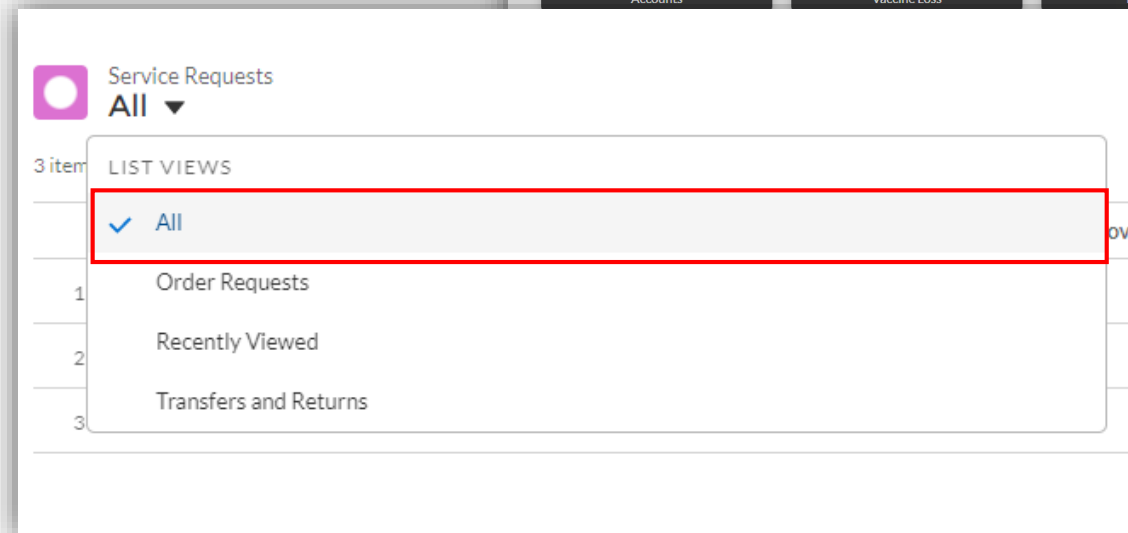
*Transferring Providers* are also responsible for any costs incurred in transferring vaccines.

# Step 1: Navigate to the VAOS Provider Portal

1. To view information for the *Receiving Provider*, navigate to VAOS and click **Vaccine Requests and Transfers** to view your Service Requests.



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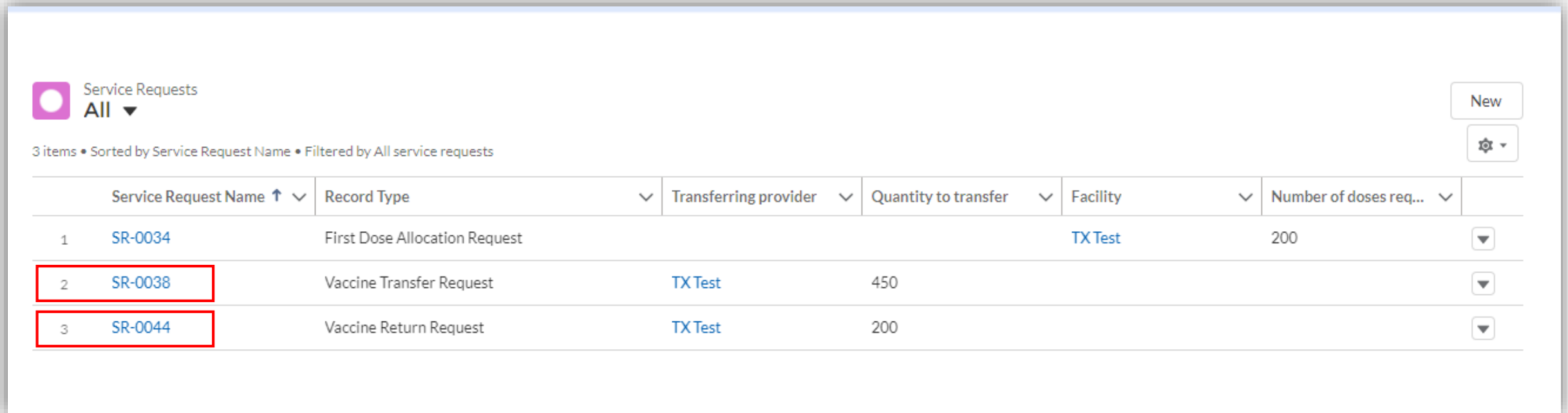


2. Select **All**.



## Step 2: Review the Transfer or Return Request

3. Select your approved *Vaccine Transfer Request* or *Vaccine Return Request*.



Service Requests  
All ▾

3 items • Sorted by Service Request Name • Filtered by All service requests

New  
⚙️ ▾

	Service Request Name ↑ ▾	Record Type ▾	Transferring provider ▾	Quantity to transfer ▾	Facility ▾	Number of doses req... ▾	
1	SR-0034	First Dose Allocation Request			TX Test	200	▾
2	SR-0038	Vaccine Transfer Request	TX Test	450			▾
3	SR-0044	Vaccine Return Request	TX Test	200			▾

# Step 3: Navigate to the Vaccine Transfer Form

4. In the **Files** section, click **Download the Vaccine Transfer Form**.

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Edit   **Download Vaccine Transfer Form**   Download CDC Approval Form

Files (0)   Add Files

Upload Files  
Or drop files

## Texas COVID-19 Vaccine Program Vaccine Transfer Authorization Form

### Guidance:

Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine 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 Texas COVID-19 vaccine 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 Texas COVID-19 vaccine 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 Texas COVID-19 vaccine 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.

Vaccine Transferring From:	Vaccine Transferring To:	Reason for Transferring Request:
PIN/Customer ID: <u>A300425</u>	PIN/Customer ID: <u>111119</u>	Other: I can't use all the vaccines doses allocated to me
Facility Name: <u>TX Test</u>	Facility Name: <u>Person Test</u>	
Address: <u>100 Congress Avenue.</u>	Address: <u>123 Main St., 100</u>	
City/State/Zip: <u>Austin/TX/78701/United States</u>	City/State/Zip: <u>Austin/TX/78700/Travis</u>	
Phone: <u>[REDACTED]</u>	Phone: <u>1231231234</u>	
Fax: _____	Fax: _____	
Contact: <u>John Doe</u>	Contact: <u>[REDACTED]</u>	
Email: <u>test123@gmail.com</u>	Email: <u>[REDACTED]</u>	

### Texas COVID-19 Vaccine Transfer Authorization Form

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450



# Step 4: Review Receiving Provider Information

5. Review the Vaccine Transfer Authorization Form to find the *Receiving Provider* shipping and contact information.

**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

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**Vaccine Transferring From:**      **Vaccine Transferring To:**  
PIN/Customer ID: A300425      PIN/Customer ID: 111119  
Facility Name: TX Test      Facility Name: Person Test  
Address: 100 Congress Avenue      Address: 123 Main St. 100  
City/State/Zip:      City/State/Zip:  
Austin/TX/78701/United States      Austin/TX/78700/Travis  
Phone: [REDACTED]      Phone: 1231231234  
Fax: \_\_\_\_\_      Fax: \_\_\_\_\_  
Contact: John Doe      Contact: [REDACTED]  
Email: test123@gmail.com      Email: [REDACTED]

**Reason for Transferring Request:**  
Other: I can't use all the \_\_\_\_\_ doses allocated to \_\_\_\_\_

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

Texas Department of State Health Services Immunization Unit      Form No. EC-67

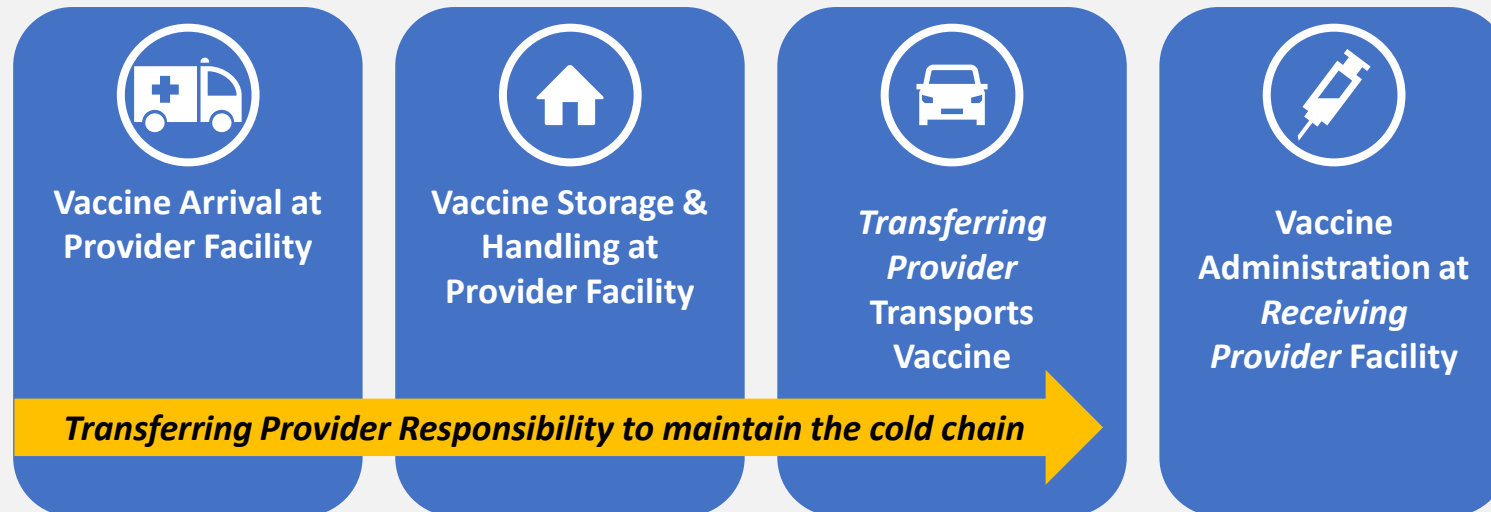
**Vaccine Transferring From:**      **Vaccine Transferring To:**  
PIN/Customer ID: A300425      PIN/Customer ID: 111119  
Facility Name: TX Test      Facility Name: Person Test  
Address: 100 Congress Avenue      Address: 123 Main St. 100  
City/State/Zip:      City/State/Zip:  
Austin/TX/78701/United States      Austin/TX/78700/Travis  
Phone: [REDACTED]      Phone: 1231231234  
Fax: \_\_\_\_\_      Fax: \_\_\_\_\_  
Contact: John Doe      Contact: [REDACTED]  
Email: test123@gmail.com      Email: [REDACTED]

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## Step 5: Complete Vaccine Transfer

6. Contact the *Receiving Provider* and coordinate the transfer of vaccines. Ship or otherwise physically transport the approved doses to the *Receiving Provider* using proper vaccine storage and handling.

**Remember:** it is the responsibility of the *Transferring Provider* to practice proper vaccine storage & handling and maintain the cold chain in transport.



# Have Questions?

For questions about VAOS and accessing the dashboards, please contact us at [COVID19VacMgmt@dshs.texas.gov](mailto:COVID19VacMgmt@dshs.texas.gov)

