



# Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Program Vaccine Transfer Authorization Form

## Guidance:

Texas Vaccines for Children and Adult Safety Net (TVFC/ASN) providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of TVFC/ASN vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the TVFC/ASN 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) Public Health Region (PHR) prior to the vaccine transfer.

## Directions for use of this form:

The TVFC/ASN 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 PHR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Form must be kept on file for a minimum of five (5) years as required by the TVFC/ASN 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/ASN provider. Providers must contact the DSHS PHR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS PHR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS PHR as soon as possible. A printout of the Tally Sheet from VAOS 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: \_\_\_\_\_

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) and Adult Safety Net (ASN) vaccine dose transfers reported on this form has been accurately reported and conducted in conformance with VFC and ASN provisions for such transfers and further certify that all VFC and ASN transfers will maintain the proper cold chain as outlined in the TVFC/ASN Provider Manual.

Transferring Provider Name: \_\_\_\_\_

Transferring Provider Signature<sup>1</sup>: \_\_\_\_\_

Date: \_\_\_\_\_

Receiving Provider Name: \_\_\_\_\_

Receiving Provider Signature<sup>1</sup>: \_\_\_\_\_

Date: \_\_\_\_\_

DSHS PHR Representative Name: \_\_\_\_\_

DSHS PHR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



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# Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Program Vaccine Transport Log

Date: \_\_\_\_\_

From PIN: \_\_\_\_\_

To PIN: \_\_\_\_\_

**Overview:** This form is for use during transport of vaccine(s) from one clinic to another or during off-site or Mass Vaccination Clinics.\*

**Form Instructions:**

Vaccine temperature must be read, documented, and initialed along with indication of Celsius or Fahrenheit at the respective time(s). If transport is less than an hour, record the temperatures of the respected cooling devices in the departure and arrival sections only. If the transport is two hours or more, document in the following sections: cooling devices at departure, transport hour (hour 2 through hour 8), and cooling devices at arrival. Document additional information in the *Comments* column.

		Temperature		Time	A.M. / P.M.		Initials	Comments
		Current	(°C / °F) (Circle one)		(Circle one)			
Originating refrigerator before departure			°C °F		A.M. P.M.			
Originating freezer before departure			°C °F		A.M. P.M.			
Transport container before departure			°C °F		A.M. P.M.			
Transport hour	Hour 2		°C °F		A.M. P.M.			
	Hour 3		°C °F		A.M. P.M.			
	Hour 4		°C °F		A.M. P.M.			
	Hour 5		°C °F		A.M. P.M.			
	Hour 6		°C °F		A.M. P.M.			
	Hour 7		°C °F		A.M. P.M.			
	Hour 8		°C °F		A.M. P.M.			
Transport container upon arrival			°C °F		A.M. P.M.			
Destination refrigerator storage unit upon arrival			°C °F		A.M. P.M.			
Destination freezer storage unit upon arrival			°C °F		A.M. P.M.			

\*This process is not to exceed more than eight hours. If the transport to and from the clinic is one hour, that leaves six (6) hours for the event. Refrigerated vaccines should be between 36°F and 46°F (2°C and 8°C) while frozen vaccines should remain between -58°F and 5°F (-50°C and -15°C) for vaccine viability. For more information check Chapter 3 Section V: Cold Chain Management and Vaccine Transport of the provider manual.

Signature of shipping PIN: \_\_\_\_\_

Signature of receiving PIN: \_\_\_\_\_

Signature of DSHS PHR Representative: \_\_\_\_\_