**Massachusetts Department of Public Health**

**Immunization Division - Vaccine Management Unit**

**COVID-19 Vaccine Transfer Form**

**Directions:** Document all information for COVID-19 Vaccine transfers on the form below. Ensure that all transporting guidelines are followed during the transfer process. **Report every transfer at least 24 hours in advance by emailing this document to the the Vaccine Management Unit at DPH-Vaccine-Management@massmail.state.ma.us.** Keep this document for your records.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of Transfer** | **Transferring From** | **Transferring To** | **NDC** | **Lot Number** | **Number of Doses Transferred** | **Reason Code for Vaccine Transfer** |
| **Provider PIN** | **Provider Name** | **Provider PIN** | **Provider Name** |
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| **Reason Codes for COVID -19 Vaccine Transfer** |
| 1. Transferring to/from centralized location | 3. Unable to use prior to expiration |
| 2. Over-ordering  | 4. Other(Specify): |