

**Massachusetts Department of Public Health
Division of Epidemiology and Immunization**

State Supplied Vaccine Borrowing Report

Guidance: Borrowing of /State Supplied vaccine should be very limited. Borrowing of State Supplied vaccine for adult patients (patients over 19) is not allowed. State-supplied vaccine cannot be used as a replacement system for a provider’s privately purchased vaccine inventory. There are a few exceptions.

- For seasonal influenza vaccines, providers may use private stock influenza vaccine to vaccinate children if state-supplied in not yet available. Those private stock doses used on children can later be replaced when state-supplied stock becomes available. Call the Vaccine Unit so that inventory can be adjusted.
- Borrowing of vaccine may occur to prevent vaccine loss due to expiring vaccine. This means the provider has a small number of children and the private supplied replacement dose has a longer expiration date. Call the Vaccine Unit so that inventory can be adjusted.

Directions for use of this form: When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must also be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit.

Provider Name: _____

Provider Site Number (PIN) ____ _

Vaccine type borrowed	Lot # and expiration of borrowed dose	Stock used: public or private	Patient Identifier	DOB	Date borrowed or administered	Reason code for borrowing and replacement, (see table below)	Replacement Dose Lot # and Expiration Date	Date vaccine returned to appropriate stock

Reason Codes for Borrowing State-Supplied Vaccine	Reason Codes for Borrowing Private Vaccine
1. Short dated private dose was exchanged with state-supplied dose 2. Accidental use of state-supplied dose for a private patient 3. Replacement of Private dose with state-supplied when insurance plan did not cover. 4. Other-Describe above	5. State-supplied shipment delay 6. Short dated state-supplied dose was exchanged with private dose 7. Accidental use of Private dose for a state-supplied eligible child 8. Other-Describe above

"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 (*Guidance for Compliance with Federal Requirements for Vaccine Administration*) and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

Provider Name: _____ Provider Signature: _____ Date: _____