

## H1N1 Influenza Vaccine Transfer Report

<b>I. PROVIDER INFORMATION</b>					
<b>FROM:</b>			<b>TO:</b>		
Provider Name _____			Provider Name _____		
Address _____			Address _____		
City, State, Zip _____			City, State, Zip _____		
Telephone Number _____		PIN Number _____	Telephone Number _____		PIN Number _____
<b>II. THESE VACCINES ARE BEING TRANSFERRED TO ANOTHER CLINIC</b>					
_____ Temperature Out			_____ Temperature In		
VACCINE	# OF DOSES	LOT NUMBER	MANUFACTURER	DATE TRANSFERRED	DATE RECEIVED
(LAIV) MedImmune 0.2 mL FluMist® Intranasal					
(TAIV) Fluzone 0.25 mL - Thimerosal Free					
(TAIV) Fluzone 5mL multi-dose vial Preservative Containing					
(TAIV) Fluzone 0.5 mL Thimerosal- Free single dose vial syringe					
(TAIV) FLuvirin 5mL multi-dose vial Preservative Containing					
(TAIV) Fluvirin 0.5mL – Thimerosal Free Pre-filled Syringe					
(TAIV) CSL 0.5mL – Thimerosal Free Pre-filled Syringe					
(TAIV) CSL 5 mL multi-dose vial Preservative-Containing					
<b>III. TRANSFER AUTHORIZATION</b>					
Signature of Person Transferring Vaccine:  _____ DATE: _____			Signature of Person Receiving Vaccine:  _____ DATE: _____		

Complete for each vaccine you transfer to each provider. LPHA is to submit a copy with your weekly accountability as well as the “receiving provider” submitting a copy with your weekly accountability report.

Make sure temperatures are taken and reported prior to transfer and again upon destination.