

VFC Vaccine Transfer Form

- Use only for transferring vaccines to another NM VFC Provider
- Do not transfer vaccines without first contacting your regional VFC representative (name and number at bottom of temperature log)
- Transfer vaccines three months before expiration dates

Date of Transaction: _____

Transferred From:

Transferred To:

PIN # _____

PIN # _____

Facility Name _____

Facility Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Telephone _____

Telephone _____

Contact Person: _____

Contact Person: _____

Signature: _____

Signature: _____

Vaccine Name	Brand Name	Lot Number	Expiration Date	Number of Doses

- Only transfer vaccines provided by the Vaccines for Children Program.
- Include this form with the vaccines transferred.
- Also, fax a copy to: NM VFC Program: 505-827-1064 or 505-827-1741.