

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 you will not use three months before expiration date.

Date of Transaction: _____

Transferred From:

Transferred To:

PIN # _____
 Facility Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Contact Person: _____
 Signature: _____

PIN # _____
 Facility Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Contact Person: _____
 Signature: _____

Vaccine Name	Brand Name	Lot Number	Expiration Date	Number of Doses

***Only include vaccines provided by the Vaccines for Children Program.**

**Include this form with vaccines transferred. Also fax a copy to:
 NM VFC Program: 505-827-1064 or 505-827-1741.**