



VFC VACCINE BORROW/RETURN REPORT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DISEASE CONTROL AND FORENSIC PATHOLOGY
 SFN 60062 (1-2019)

Provider ID Number:	Provider Name:	Month/Year:
----------------------------	-----------------------	--------------------

VFC-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. **Planned borrowing of VFC vaccine, including the use of VFC vaccine as a replacement system for a provider's privately purchased vaccine inventory, is not permissible.** VFC-enrolled providers must ensure borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination. Infrequent exchanging between VFC and private stock of a short-dated vaccine dose may be performed if the provider serves a small number of private pay patients, the dose is one month from expiration, or the dose of vaccine cannot be used for the population it is intended for prior to the expiration date.

COMPLETE THIS FORM WHEN:

- A dose of VFC vaccine is administered to a non VFC-eligible child
- A dose of privately-purchased vaccine is administered to a VFC-eligible child

HOW TO COMPLETE THIS FORM:

- Enter information on each dose of vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each dose borrowed
- The provider must sign and date at the bottom of this report

This report must be kept on hand for a minimum of three years. All state vaccine that is borrowed must be replaced within four weeks.

Vaccine borrowed	Lot number borrowed	Vaccine (VFC) or Private (P)?	Date borrowed	Patient Name	DOB	Patient VFC or Private ?	Reason* appropriate stock was not used	Entered in NDIIS	Lot number returned	Patient Name	Vaccine (VFC) or Private (P)?	Date returned	Entered in NDIIS
								<input type="checkbox"/>					<input type="checkbox"/>
								<input type="checkbox"/>					<input type="checkbox"/>
								<input type="checkbox"/>					<input type="checkbox"/>
								<input type="checkbox"/>					<input type="checkbox"/>
								<input type="checkbox"/>					<input type="checkbox"/>

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state laws, 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 and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

Person completing report (printed name):	Person completing report (signature):	Date:
---	--	--------------

***Reason Codes:**

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Private stock order delayed (delay in shipping) 2. Private stock non-viable on arrival 3. Ran out of private stock between orders (not due to shipping) 4. Short-dated private stock was exchanged with VFC stock 5. Accidental use of VFC dose 6. Replacement of Private stock with VFC when insurance did not cover vaccine 7. Private other (<u>must specify</u>) | <ol style="list-style-type: none"> 8. VFC order delayed (delay in shipping) 9. VFC order non-viable on arrival 10. Ran out of VFC vaccine between orders (not due to shipping) 11. Short-dated VFC dose was exchanged with private stock 12. Accidental use of private stock for a VFC eligible patient 13. VFC Other (<u>must speci</u>) |
|---|---|