



Vaccine Transfer Request Form

(State-supplied vaccines only)

Date of Request _____

Transferring Provider _____ PIN # _____

Contact Person _____ Phone # _____

E-Mail _____ Fax # _____

Receiving Provider _____ PIN # _____

Contact Person _____ Phone # _____

E-Mail _____ Fax # _____

I request permission to transfer the following vaccines:

Vaccine	Doses	Lot Number	Exp Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Transfer: Short Dated Over Stocked Other

Other (must detail reason) _____

Email or fax form to the Alaska Immunization Program for approval. Once Immunization Program staff have approved the request, both providers will receive notice via email. After providers have received approval, the vaccine transport may then occur. Ensure the cold chain is maintained at all times during transport using appropriate vaccine transport [methods](#).

Approval by Immunization Program Staff _____	Date: _____
Date Completed in VacTrAK: _____	