**NC IMMUNIZATION PROGRAM (NCIP) VACCINE TRANSFER FORM**

If you are a NCIR user do not use this form
You need to complete all transfers in NCIR

Date of Transfer: ___________________

Person Completing Form: ____________________________________________

Provider Transferring Vaccine: _______________________________________

Street Address: _____________________________________________________
City: ____________________________________________________________
Phone Number: (______)__________________________  Pin #: (For Immunization Branch Use Only)

Provider Receiving Vaccine: _________________________________________

Street Address: _____________________________________________________
City: ____________________________________________________________
Phone Number: (______)__________________________  Pin #: (For Immunization Branch Use Only)

### Vaccine(s) being transferred:

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Manufacturer/Lot #</th>
<th>Expiration Date</th>
<th># of doses transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIPV</td>
<td>Aventis T0697-2</td>
<td></td>
<td>20 doses</td>
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Please call 1-877-873-6247 if you have any questions.

DHHS 4058 Immunization Branch - Reviewed 6/2014
Purpose:
To provide a generic method for immunization providers to report vaccine transfers between NCIP participants to the North Carolina Immunization Branch.

Preparation:
1. Complete the demographic data including provider name and street address for both the transferring and receiving facilities.
2. Report all doses transferred, including multi-dose vials, single-dose vials, and manufacturers pre-filled syringes. Include vaccine type, manufacturer, lot number, expiration date and number of doses transferred.
3. Make a copy for your records.

Distribution:
Mail form to: Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917
Fax form to: 1-800-544-3058
Email form to: ncirhelp@dhhs.nc.gov

Disposition:
Retain a copy of the completed form for three years or destroy when agency need ends.

Reordering:
User may copy form as needed or call 1-877-873-6247 or fax 1-800-544-3058 for more copies.