Minnesota Department of Health (MDH) Vaccine Transfer Record

Don't let vaccine go to waste! If you have Minnesota Vaccines for Children (MnVFC) vaccine that will expire within three months, you must transfer it to another MnVFC site who can use it. Before completing this form, identify a MnVFC-enrolled site and contact them to make sure they can use, store, and receive the vaccine.

- Only full, sealed vials or unopened pre-filled syringes can be redistributed.
- If you have frozen vaccine (MMRV and varicella) that you cannot use, call us at 651-201-5522 for additional guidance.
- Keep one copy of this form, enclose one copy with the vaccine, and send one copy to us via email at health.mnvfc@state.mn.us. Both parties must keep a copy of the transfer record for three years.
- Follow CDC and manufacturer specifications for maintaining the recommended temperature range during transport of vaccine.
- Guidance is available in Packing Vaccines for Transport during Emergencies (www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf).

Name and address of site SENDING vaccine:				MnVFC PIN:	
Signature/title: Name and address of site RECEIVING vaccine:				Date: (mm/dd/yyyy) MnVFC PIN:	
Signature/title:				Date: (mm/dd/yyyy)	
Vaccine type:	NDC #*:	Lot #*:	Expiration date: (mm/dd/yyyy)	Number of doses:	
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*Located on the box.					
Time and Temperature of va	accine upon departure (Fahrenhe	eit or Celsius):			
Time and Temperature of va	accine upon arrival (Fahrenheit o	r Celsius):			
Out-of-range temperature d	uring transport (review alarms, min/.m	nax): Yes No If yes, a	action taken:		
Notes:					

