Site name: \_\_\_\_\_\_ MnVFC PIN: \_\_\_\_\_\_

## **Vaccine Borrowing Report**

Minnesota Vaccines for Children (MnVFC)-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for their MnVFC and non-MnVFC-eligible patients. Borrowing means using a dose of vaccine from the MnVFC or Uninsured/Underinsured Adult Vaccine (UUAV) stock to administer to a patient not eligible for the program, or when a provider borrows a dose of vaccine from private stock to use on MnVFC or UUAV eligible patients. **Planned borrowing of MnVFC or UUAV vaccine is not permissible.** 

MnVFC-enrolled providers must ensure borrowing MnVFC vaccine will not prevent a MnVFC-eligible patient from receiving a needed vaccination. Infrequent exchanging between MnVFC or UUAV and private stock of a short-dated vaccine dose may be performed if the site 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 MnVFC vaccine is administered to a non MnVFC-eligible patient, or a dose of UUAV vaccine is administered to a non UUAV-eligible adult.
- A dose of privately-purchased vaccine is administered to a MnVFC-eligible child or UUAV-eligible adult.

## 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 once the form is completed.
- Enter the corresponding reason code in column F of the Borrowing Report Table on page 2.
- Enter details of reason in column F if an "Other" code (7/Other or 13/Other) is entered in the Vaccine Borrowing Report Table.
- If borrowing a dose to or from UUAV stock, record the reason under "Other."

Reason for Vaccine Borrowing and Replacement Coding Legend								
Reason for Borrowing MnVFC Dose		Reason for Borrowing Private Dose						
Private vaccine shipment delay (vaccine order placed on time/delay in shipping).	1	MnVFC vaccine shipment delay (order placed on time/delay in shipping).	8					
Private vaccine not useable on arrival (vials broken, temperature monitor out of range).	2	MnVFC vaccine not useable on arrival (vials broken, temperature monitor out of range).	9					
Ran out of private vaccine between orders (not due to shipping delays).	3	Ran out of MnVFC vaccine between orders (not due to shipping delays).	10					
Short-dated private dose was exchanged with MnVFC dose.	4	Short-dated MnVFC dose was exchanged with private dose.	11					
Accidental use of a MnVFC dose for a privately insured patient.	5	Accidental use of private dose for MnVFC-eligible child.	12					
Replacement of private dose with MnVFC when insurance plan did not cover vaccine.	6	Other – Describe:	13/Other					
Other – Describe:	7/Other							
What to do with this form:								
• Retain completed forms for at least 3 years and make them available	to the State/L	ocal or Territorial Immunization Program upon request.						

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Date Range of Vaccine Reporting (date of first dose borrowed to date of last dose borro	wed):	/	/ to	/	/
			/		/

Vaccine Borrowing Report Table										
A Vaccine Type Borrowed	B Stock Used (MnVFC, UUAV, or Private)	C Patient Name	D Patient DOB (xx/xx/xxxx)	E Date Dose Administered (xx/xx/xxxx)	F Reason Appropriate Vaccine Stock was not Used (Use legend code on page 1 to mark one reason for each dose borrowed)	G Date Dose Returned to Appropriate Stock (xx/xx/xxxx)				
I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that MnVFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with MnVFC provisions for such borrowing and further certify that all MnVFC doses borrowed during the noted time period have been fully reported on this form.										
Provider Name:	Provider Signature: Date:					Date:				

Minnesota Vaccines for Children Program PO Box 64975, St. Paul, MN 55164-0975 651-201-5522 | <u>www.health.state.mn.us/vfc</u>

To obtain this information in a different format, call: 651-201-5414.

