

# CDC Supplemental COVID-19 Vaccine Redistribution Agreement



The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold-chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

**The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine.** CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), nor for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

ORGANIZATION INFORMATION			
Organization/facility name:		<i>For official use only:</i> VTrckS ID: _____ Unique COVID-19 Organization ID (from Section A): _____	
PRIMARY ADDRESS and CONTACT INFORMATION OF COVID-19 VACCINATION ORGANIZATION			
Street:			
City:	County:	State:	ZIP:
Telephone:		Fax:	
RESPONSIBLE OFFICERS			
Medical Director (or Equivalent) Information			
Last name	First name	Middle initial	
Title	Licensure (state and number)		
Telephone number:		Email:	
Address:			
Chief Executive Officer (or Chief Fiduciary) Information			
Last name	First name	Middle initial	
Telephone number:	Email:		
Address:			

# CDC COVID-19 Vaccine Provider Agreement Form

**PRIMARY POINT OF CONTACT RESPONSIBLE FOR RECEIPT OF COVID-19 VACCINE (if different than medical director listed above)**

Last name, first name, middle initial:

Telephone number:	Email:
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**SECONDARY POINT OF CONTACT FOR RECEIPT OF COVID-19 VACCINE**

Last name, first name, middle initial:

Telephone number:	Email:
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**COVID-19 VACCINATION ORGANIZATION REDISTRIBUTION AGREEMENT REQUIREMENTS**

***To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:***

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|-----------|---|
| <b>1.</b> | Sign and comply with all conditions as outlined in the CDC COVID-19 <i>Vaccination Program Provider Agreement</i> .   |
| <b>2.</b> | Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the <i>CDC COVID-19 Vaccination Program Provider Agreement</i> .   |
| <b>3.</b> | Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's Vaccine Storage and Handling Toolkit <sup>1</sup> , which will be updated to include specific COVID-19 conditions for any redistribution of COVID-19 vaccine to secondary locations.   |
| <b>4.</b> | Document and make available any redistribution records of COVID-19 vaccine to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses.<br><i>Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.</i> |

***By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.***

**Organization Medical Director (or Equivalent)**

Last name	First name	Middle initial
Signature:		Date:

**Chief Executive Officer (Chief Fiduciary Role)**

Last name	First name	Middle initial
Signature:		Date:

<sup>1</sup> Requirements incorporated by reference; refer to <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>