



# Connecticut Vaccine Program

## Vaccine Transfer Form

Completed forms can be emailed to:

[dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov) or by clicking submit. Remember to

SAVE before you SUBMIT

[Click Here](#) To download additional forms

### Transferring Provider Instructions:

1. Open multi-dose vials are not eligible for transfer. If you have questions about this please contact the CVP.
2. Identify a provider willing to receive, and able to use, all doses of vaccine being transferred. Please refer to the [Vaccine Restitution Policy](#) for information on transferring vaccine expiring in four months or less.
3. Complete the transfer form in its entirety including receiving provider PIN and signature of transferring provider.
4. Follow cold chain instructions below.

### Cold Chain Instructions:

1. For refrigerated vaccines: keep cold at 36°F to 46°F, do not freeze. Use refrigerated or frozen cold packs (frozen ice packs for hot weather, refrigerated packs for cold weather).
2. Make sure vaccines are kept in their original boxes. Place insulation (crumpled paper or bubble wrap) between vaccine boxes and cold packs to prevent vaccine freezing. Put crushed paper in cooler to keep vaccines from shifting during transport.
3. Do not leave vaccine container unattended or in the trunk of your car.
4. For transport of varicella vaccine please review "Transport of Frozen Vaccines" in the "[CDC Vaccine Storage & Handling Toolkit](#)".

### Receiving Transferred Vaccine

1. Upon arrival of vaccine, check the quantities and lot numbers against what is listed below. Store vaccines immediately.
2. Sign and date the bottom of the form in the appropriate place (Signature of Receiving Provider).
3. Submit completed form to CVP via FAX: (860) 509-8371 or email: [DPH.Immunizations@ct.gov](mailto:DPH.Immunizations@ct.gov).

Transferring Provider PIN #	
Transferring Provider Facility Name	Date
Address	Phone
City	Person Completing Form

Receiving Provider PIN #				
Vaccine	NDC Number	Lot Number	Number of Doses Transferred	Expiration Date

***Before Transfer please check that you have included all corresponding diluent.***

Signature of Transferring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Receiving Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Revised 4/06/2020 submit button**

Department of Public Health • Immunization Program • 410 Capitol Avenue; MS # 11MUN, Hartford, CT 06134-0308

Phone (860) 509-7929 • Fax (860) 509-8371 • <https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM>