



Connecticut COVID-19 Vaccine Program

COVID-19 Transfer Form

Completed forms can be e-mailed to:

DPH.Immunizations@CT.Gov

Transferring/Redistributing Pfizer Vaccine:

- Recommended transport in the original shipper or in an approved ultra-cold pack out in the frozen state otherwise it can be transported at refrigerated temperatures according to existing CDC transport guidance
- Transport in original carton when possible
- Do not transfer vials more than once.
- For more information, please visit [Pfizer's webpage](#)

Transferring/Redistributing Moderna Vaccine:

- Recommended transport in the frozen state
- Limit transport in the liquid state. If liquid transport is required, follow normal transport guidance and these additional precautions:
 - Transport in original carton when possible
 - Carton should be placed with padding material (e.g., bubble wrap) inside transport container to minimize product/carton movement
- Do not transfer vials more than once.
- For more information, please visit [Moderna's webpage](#)

Receiving Transferred/Redistributed 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 DPH.Immunizations@CT.Gov

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

Receiving Provider Facility Name:		Receiving Provider Pin #:		
Address:		Phone:		
City:		Person Completing Form:		
Vaccine Mfg.	NDC Number	Lot Number	Number of Doses Transferred	Expiration Date

Before transferring please check that you have included all corresponding diluent and ancillary kit supplies.

Signature of Transferring Provider: _____ Date: _____

Signature of Receiving Provider: _____ Date: _____