

# NC IMMUNIZATION PROGRAM (NCIP) VACCINE TRANSFER FORM

**IF YOU ARE A NCIR USER DO NOT USE THIS FORM**  
**YOU NEED TO COMPLETE ALL TRANSFERS IN NCIR**

Date of Transfer: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Provider Transferring Vaccine: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Pin #: \_\_\_\_\_  
(For Immunization Branch Use Only)

Provider Receiving Vaccine: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Pin #: \_\_\_\_\_  
(For Immunization Branch Use Only)

## **Vaccine(s) being transferred:**

Vaccine Type EIPV  
Manufacturer/Lot # Aventis T0697-2  
Expiration Date 7/3/2005  
# of doses transferred 20 doses

Vaccine Type \_\_\_\_\_  
Manufacturer/Lot # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
# of doses transferred \_\_\_\_\_

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Manufacturer/Lot # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
# of doses transferred \_\_\_\_\_

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Manufacturer/Lot # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
# of doses transferred \_\_\_\_\_

Please call 1-877-873-6247 if you have any questions.

**Purpose:**

To provide a generic method for immunization providers to report vaccine transfers between NCIP participants to the North Carolina Immunization Branch.

**Preparation:**

1. Complete the demographic data including provider name and street address for both the transferring and receiving facilities.
2. Report all doses transferred, including multi-dose vials, single-dose vials, and manufacturers pre-filled syringes. Include vaccine type, manufacturer, lot number, expiration date and number of doses transferred.
3. Make a copy for your records.

**Distribution:**

Mail form to:       Immunization Branch  
                          1917 Mail Service Center  
                          Raleigh, NC 27699-1917

Fax form to:        1-800-544-3058

Email form to:     [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov)

**Disposition:**

Retain a copy of the completed form for three years or destroy when agency need ends.

**Reordering:**

User may copy form as needed or call 1-877-873-6247 or fax 1-800-544-3058 for more copies.