

ALASKA
COVID-19

VACCINE TASK FORCE

COVID-19 Vaccine Transfer Request Form

Date of Request:

Transferring Provider:

PIN:

Contact Person:

Phone Number:

E-Mail:

Receiving Provider:

PIN:

Contact Person:

Phone Number:

E-Mail:

I request permission to transfer the following vaccines:

Vaccine/Manufacturer	Doses	Lot Number	Expiration Date
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Vaccine/Manufacturer	Doses	Lot Number	Expiration Date
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Reason for Transfer and any Additional Comments:

For mini-depot use: Vaccine pulled for redistribution: (Date & Time)

Amount pulled:

Signature of mini-depot personnel:

Amount received by provider:

Date & Time:

Signature of personnel picking up vaccine:

Email form to the Alaska Immunization Program. The VacTrAK vaccine transfer will occur once this form has been submitted.

Ensure the cold chain is maintained at all times during transport using appropriate vaccine transport [methods](#).

Approval by Immunization Program

Staff Date:

Date Completed in VacTrAK:

Alaska Immunization Program

Phone: 907-269-8088 | Fax: 907-269-0478 | Email: vaccinedepot@alaska.gov