



# Vaccine Transfer Request Form

*(State-supplied vaccines only)*



**Email form to the Alaska Immunization Program for approval.** A transfer form is required for all transfers of State-supplied vaccine. Only after providers receive approval from Immunization Program staff by email can the physical transfer of vaccine occur. Ensure the cold chain is maintained at all times during transport using appropriate vaccine transport [methods](#). Transfers from VFC providers to AVAP-only providers are prohibited.

Date of Request:

Transferring Provider:

Provider's PIN:

Contact Person:

Phone:

Email:

Fax:

Receiving Provider:

Provider's PIN:

Contact Person:

Phone:

Email:

Fax:

I would like to request permission to transfer the following vaccine(s):

PED	ADU	Vaccine Name	Doses	Lot Number	Expiration Date	Beyond-Use Date (if applicable)
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**Reason for Transfer:**

Short Dated

Natural Disaster

Equipment Failure

Other (must detail reason):

Approval by Immunization Program Staff:	Date Completed in VacTrAK:

**Alaska Immunization Program**

Phone: 907-269-8088 | Email: [vaccinedepot@alaska.gov](mailto:vaccinedepot@alaska.gov)

Website: <https://health.alaska.gov/dph/Epi/iz/Pages/default.aspx>