

# West Virginia Division of Immunization Services Vaccine Transfer Report (VTR)

Providers must use this form to report all VFC vaccines that are transferred to another provider.

Please complete the entire form and fax to 1-304-957-7591. Call the Division of Immunization Services at 1-800-642-3634 or locally at (304) 558-2188 to report each transfer.

Name and title of person completing form: \_\_\_\_\_

Date: \_\_\_\_\_

VFC PIN Number: \_\_\_\_\_

Provider Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



## Vaccine Information

Indicate type of vaccine(s) and number of doses involved:

Vaccine: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Number of Doses: \_\_\_\_\_

Date and Time (approximate of transfer): \_\_\_\_\_

Please list the VFC Provider's name and pin number receiving vaccine:

\_\_\_\_\_  
\_\_\_\_\_