WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH
Division of Immunization Services

Division of Immunization Services
350 Capitol Street, Room 125
Charleston, West Virginia 25301-3715
(304) 558-2188 or (800) 642-3634

VFC Storage Agreement

PIN _____

Providers who wish to receive Vaccines for Children vaccine must agree to provide the appropriate storage units as well as adhere to the Division of Immunization Services handling requirements. Failure to comply may result in a suspension of vaccine provided.

Please indicate the type of storage unit available in your practice.

_____ Stand-alone refrigerator (without freezer)
_____ Stand-alone freezer
_____ Combined refrigerator/freezer with a separate sealed freezer compartment and separate thermostat
_____ Other: (Explain) _____

The following are requirements for proper storage of vaccine:

- Refrigerator temperatures are to be recorded twice a day.
- Refrigerator temperatures are to be maintained at 36^0 to 46^0F (2^0 – 8^0C).
- **Temperature logs are to be submitted monthly to the Division of Immunization Services.**
- ActHib, inactivated Flu vaccine, Hiberix, HPV, MMR, MMRV (ProQuad), Menactra, Menveo, Rota, and Varicella (Varivax) are light sensitive and **must be kept in its original closed carton** until ready for use.
- Varicella and MMRV require special storage and handling:
  - **Varicella and MMRV must be stored between -58°F and +5°F [between -50°C and -15°C] at all times.**
  - Providers who wish to receive Varicella / MMRV **must have someone present in the office through regular business hours five days per week.** This is essential because Varicella and MMRV are shipped from the manufacturer and may arrive at any time during regular business hours.
- The Program requires a **complete street address,** as post office boxes will not be acceptable for delivery purposes.

Provider Name: _____
Street Address: _____
City, State and Zip: _____
Phone Number: _____

Complete and return this form to:

Division of Immunization Services
350 Capitol Street, Room 125
Charleston, West Virginia 25301

If you have any questions please call (800) 642-3634.

I hereby agree to adhere to the above stated requirements to properly maintain adequate storage and handling of all vaccines provided through the Vaccines for Children Program.

Physician's Signature: _____ Date: _____