

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:

