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: ________________________________