

North Carolina Immunization Program (NCIP)

NCIR USERS SHOULD COMPLETE ALL TRANSFERS IN NCIR.
THIS FORM IS TO BE USED ONLY BY NON-NCIR USERS.

Date of Transfer: _____

Person Completing Form: _____

Provider Transferring Vaccine: _____

Street Address: _____ City: _____

Phone Number: _____ Pin #: _____
(For Immunization Branch Use Only)

Provider Receiving Vaccine: _____

Street Address: _____ City: _____

Phone Number: _____ Pin #: _____

Vaccine(s) being transferred:

Vaccine Type: _____ Expiration Date: _____

Manufacturer/Lot #: _____ # of doses transferred: _____

Vaccine Type: _____ Expiration Date: _____

Manufacturer/Lot #: _____ # of doses transferred: _____

Vaccine Type: _____ Expiration Date: _____

Manufacturer/Lot #: _____ # of doses transferred: _____

Vaccine Type: _____ Expiration Date: _____

Manufacturer/Lot #: _____ # of doses transferred: _____

Vaccine Type: _____ Expiration Date: _____

Manufacturer/Lot #: _____ # of doses transferred: _____

Purpose:

The purpose of this form is to provide a generic method for immunization providers to report vaccine transfers between NCIP participants to the North Carolina Immunization Branch.

Preparation:

1. Complete the demographic data including provider name and street address for both the transferring and receiving facilities.
2. Report all doses transferred, including multi-dose vials, single-dose vials, and manufacturers pre-filled syringes. Include vaccine type, manufacturer, lot number, expiration date and number of doses transferred.
3. Make a copy for your records.

Distribution:

Fax form to: 800-544-3058

Email form to: ncirhelp@dhhs.nc.gov

Disposition:

Retain a copy of the completed form for three years or destroy when agency need ends.

Reordering:

You may copy form as needed or call 1-877-873-6247 or fax 919-870-4825 for more copies.