**Facility Name:** 

Pin #:

Circle: VFC or VFA

## **VACCINE BORROWING REPORT**

Enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC/VFA and non-VFC/VFA-eligible patients. Planned borrowing of VFC/VFA vaccine including the use of VFC/VFA vaccine as a replacement system for a provider's privately purchased vaccine inventory is not permissible.

Enrolled providers must ensure borrowing VFC/VFA vaccine will not prevent a VFC/VFA-eligible patient from receiving a needed vaccination. Infrequent exchanging between VFC/VFA and private stock of a short-dated vaccine dose may be performed if the provider serves a small number of private pay patients, the dose is one month from expiration, or the dose of vaccine cannot be used for the population it is intended for prior to the expiration date.

## **COMPLETE THIS FORM WHEN:**

- · A dose of VFC/ VFA vaccine is administered to a non VFC/VFA-eligible patient
- A dose of privately-purchased vaccine is administered to a VFC/VFA-eligible patient

#### **HOW TO COMPLETE THIS FORM:**

- Enter information on each dose of vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- · All columns must be completed for each dose borrowed
- The provider must sign and date at the bottom of this report
- Enter the corresponding reason code in column F of the Borrowing Report Table on page 2.
- Enter details of reason in Column F if an Other code (7 Other or 13 Other) is entered in the Vaccine Borrowing Report Table.

# Reason for Vaccine Borrowing and Replacement Coding Legend

Reason for Borrowing VFC/VFA Dose	Code
Private vaccine shipment delay (vaccine order placed on time/ delay in shipping)	1
Private vaccine not useable on arrival (vials broke, temperature monitor out of range)	2
Ran out of private vaccine between orders (not due to shipping delays)	3
Short-dated private dose was exchanged with VFC/VFA dose	4
Accidental use of VFC/ VFA dose for a private patient	5
Replacement of private dose with VFC/VFA when insurance plan did not cover vaccine	6
Other – Describe:	7 Other

Code
8
9
10
11
12
13 Other

## WHAT TO DO WITH THIS FORM:

• Completed forms must be retained as a VFC/VFA program record and made available to the State/Local or Territorial Immunization Program upon request.



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Date Range of Vaccine Reporting (date of first dose borrowed to date of last dose borrowed):/ to/									
VACCINE BORROWING REPORT TABLE									
A Vaccine Type Borrowed	B Stock Used (VFC/VFA or Private)	C Patient Name	D Patient DOB (XX/XX/XXXX)	E Date Dose Administered (XX/XX/XXXX)	F Reason Appropriate Vaccing Stock was not Used (Use legend code on page 1 to ma one reason for each dose borrower	Appropriate Stock			
I hereby certify, subject to pen- replacement reported on this for doses borrowed during the not	orm has been accura	ately reported and cond	ducted in conformance with VI	Federal and state la FC/VFA provisions f	w, that VFC/VFA vaccine dose bor such borrowing and further ce	orrowing and rtify that all VFC/VFA			
Provider Name:				Provider Signature:					
Facility Name:			NEB	RASK					
Pin #:			Good Lif	fe. Great Miss	sion.				