



**VACCINE TRANSFER FORM**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DISEASE CONTROL AND FORENSIC PATHOLOGY  
 SFN 53766 (6-2023)

Transferring Provider		
Provider ID Number:	Provider Name:	Date:
Street Address:	City:	Zip Code:
Contact Person:	Telephone No.:	

**Instructions**

1. Complete this form when transferring vaccine.
2. Email a copy of the completed form to [vaccine@nd.gov](mailto:vaccine@nd.gov)
3. Maintain proper vaccine temperature during transfer. For guidance see the CDC's Vaccine Storage and Handling Toolkit  
<http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

Vaccine	Receiving Provider ID Number	Receiving Provider Name	Lot Number	Number of Doses
COVID-19				
DTaP				
DTaP/Hib/IPV (Pentacel®)				
DTaP/HepB/IPV (Pediarix®)				
DTaP/IPV/Hib/HepB (Vaxelis™)				
DTaP/IPV				
Hepatitis A				
Hepatitis B				
HepA/HepB (Twinrix®)				
HIB				
HPV-9				
Influenza				
IPV				
MCV-4				
Men B				
MMR				
MMR-V				
PCV				
PPSV-23				
Rotavirus				
RSV				
Td/ Tdap				
Varicella				
Zoster				

Reason for Transfer:

Has this transfer been documented in NDIIS?      YES       NO

Has this transfer been emailed to [vaccine@nd.gov](mailto:vaccine@nd.gov)?      YES       NO

Email the North Dakota Department of Health and Human Services with any questions or concerns at [vaccine@nd.gov](mailto:vaccine@nd.gov)