



VFC VACCINE BORROW/RETURN REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL
SFN 60062 (Rev. 1/13)

Division of Disease Control
2635 East Main Ave.
P.O. Box 5520
Bismarck, ND 58506-5520
Telephone: 701.328.3386 or toll-free 800.472.2180
Fax: 701.328.2499

Provider ID Number:	Provider Name:	Month:
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VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must ensure that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing must occur only when there is lack of appropriate stock vaccine (VFC or provider-purchased) due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be planned borrowing from either the private stock or the VFC stock.

Directions: When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit.

This report must be kept on hand for a minimum of three years. All vaccine that is borrowed must be replaced within four weeks.

Vaccine borrowed	Lot number borrowed	S/P	Date borrowed	Patient Name / Patient Identifier / VFC or private	DOB	Reason* appropriate stock was unavailable	Entered in NDIIS	Lot number returned	S/P	Date returned	Entered in NDIIS
							<input type="checkbox"/>				<input type="checkbox"/>
							<input type="checkbox"/>				<input type="checkbox"/>
							<input type="checkbox"/>				<input type="checkbox"/>
							<input type="checkbox"/>				<input type="checkbox"/>
							<input type="checkbox"/>				<input type="checkbox"/>

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state laws, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

Person completing report (printed name):	Person completing report (signature):	Date:
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***Reason Codes:**

1. Private stock order delayed
2. Private stock non-viable on arrival
3. VFC order delayed
4. VFC order non-viable on arrival
5. Disease outbreak
6. Other (must specify):

Contact the North Dakota Immunization Program 701.328.3386 or toll-free 800.472.2180 www.ndhealth.gov/immunize
