# Transferring COVID-19 Vaccine Inventory



There may be times when you need to transfer COVID-19 vaccines from your inventory to another site within your organization or to another VFC provider outside of your organization. This short guide will give you the step-by-step instructions on how to transfer your site's inventory.

**NOTE:** If you are transferring vaccine to another enrolled COVID-19 Vaccine Program site *outside* of your organization, contact the VFC Program at FloridaVFC@flhealth.gov, *before* transferring the vaccine.

## STEP 1

Log into Florida SHOTS.

#### STEP 2

Select "Vaccine Inventory" then "Transfer Inventory" from the Florida SHOTS menu.



Select the desired VFC site from the drop-down box. Then click "Search."

**NOTE:** If you work with a single VFC site, the site name will automatically appear in the drop-down box. Click "**Search**" to bring up that PIN's "**Transfer Inventory Supply Select**" page.

If you work with *multiple* VFC sites within your organization, select the PIN for the site you wish to work with from the drop-down box. Click "**Search**" to bring up that PIN's "**Transfer Inventory Supply Select**" page.

Transfer Inventory Supply Select			VT99 : Emulating NDW17020
Lookup VFC PIN: [1MTL - MAITLAND CENTER (VFC PIN-481046)	v Search		
Org Name: PHYSICIAN ASSOCIATES OF FL VFC PIN: 481046 Sile Name: 1MTL - MAITLAND CENTER Central Pharmacy: No	VFC Shipping Address Line 1: 800 N MAITLAND AVE Line 2: STE 102 City/State/Zip: MAITLAND, FL 32751	VFC Shipping Contact Info           Phone: (407)950-7002         Fax: (407)950-7105           Email: NOTALID(BELSHOTS.COM)         Contact: VA2QUEZ,CASSIDY	
		VFC Private Provider Inventory Item	
Vaccine Category: -Select-  Lot number: Retrieve Matching Inv Records	Brand Name: Select	▼ NDC:Select	Reset Inv Search Criteria

The "Transfer Inventory Supply Select" page includes the following site information:

- Org Name Name of the organization as it is listed in Florida SHOTS.
- VFC PIN Identification number that the VFC Program office provided to your site.
- Site Name Name of the site as it is listed in Florida SHOTS.
- VFC Shipping Address Address to which the VFC Program office ships your site's VFC vaccine.
- VFC Shipping Contact Info Phone, fax, email, and VFC primary contact for the site.

**NOTE:** Always check this information for accuracy and notify the VFC Program office if there are changes.

## STEP 4

Use any of the following criteria to select the VFC inventory for transferring to another VFC site:

- Vaccine Category Generic name used to group vaccines having similar components.
- Brand Name Name the manufacturer provides to the vaccine.
- NDC National Drug Code that the CDC has attached to this specific vaccine.
- Lot Number The lot number provided by the manufacturer to track the vaccine.

Select the criteria and click "Retrieve Matching Inv Records."

			V19	9 : Emulating	1404417020
ookup VFC PIN:	Search				
1MTL - MAITLAND CENTER (VFC PIN:481046)	v Search				
Org Name: PHYSICIAN ASSOCIATES OF FL	VFC Shipping Address	VFC Shipping	Contact Info		
VFC PIN: 481046	Line 1: 800 N MAJTLAND AVE	Phone: (407)660-7	002		
Site Name: 1MTL - MAITLAND CENTER	Line 2: STE 102	Fax: (407)660-7	106		
Central Pharmacy: No	City/State/Zip: MAITLAND, FL 32751				
10		Contact: VAZQUEZ	~		
	MEC Delugate Decide				
	VEC Private Provid	er Inventory Item			
Vaccine Category: COVID-19 Brand			COVID-19 PEIZER ((5)	doses per Multi-Dose V	lais) x 195) 🗸
	d Name: COVID-19 PFIZER V		COVID-19 PFIZER ((5	doses per Multi-Dose V	iais) x 195) 🗸
Veccine Category: COVID-19 V Brand			: COVID-19 PFIZER ((5	doses per Multi-Dose V	ials) x 195) 🗸
	d Name: COVID-19 PFIZER V		: COVID-19 PFIZER ((5		lais) x 195) ✔
Lot number:	d Name: COVID-19 PFIZER Effort: COVID-19 (not VFC eig)	NDC: 59267-1000-02		Reset	Inv Search Criteria
Lot number:	d Name: COVID-19 PFIZER V	NDC: 59267-1000-02		Reset	
Lot number: Retrieve Matching Inv Records Vaccine Category: COVID-19	d Name: COVID-19 PFIZER Effort: COVID-19 (not VFC eig)	NDC: 59267-1000-02	× 195)	Reset	Inv Search Criteria
Lot number: Retrieve Matching Inv Records Vaccine Category: COVID-19 Lot Expiration	d Name: COVID-19 PFIZER Effort: COVID-19 (not VFC eig)	NDC: 59267-1000-02	× 195) Calc Current	Reset	Inv Search Criteria
Lot number: Retrieve Matching Inv Records Vaccine Category: COVID-19 Lot Expiration Number Date	d Name: COVID-19 PFIZER   Effort: COVID-19 (not VFC elig)  Brand Name: COVID-19 PFIZER ((5 d	NDC: 59267-1000-02	× 195)	Reset	Inv Search Criteria

## STEP 5

Each VFC inventory record in the "**Transfer Inventory Supply Select**" result list will show the following information:

- Lot Number The lot number provided by the manufacturer to track the vaccine
- **Expiration Date** The date the manufacturer provides as to when the vaccine will no longer be available to give as a dose to a patient.
- Effort The funding source.
- Last Reported Qty On Hand The date and number of doses that Florida SHOTS shows involved with the most recent inventory update.
- **Calc Current Qty On Hand** The amount of vaccine Florida SHOTS calculates your site has for a lot based on what the site has communicated regarding doses administered, current inventory, transfers, and adjustments through the "Order Request Form" and through inventory maintenance in Florida SHOTS.
- Tx History A link to the "Transaction History" page for that VFC inventory record; displays every transaction that has occurred with the VFC vaccine since Florida SHOTS recognized it as part of your site's VFC vaccine inventory.

Click "Select" by the VFC vaccine record that you wish to transfer to another VFC site.

This brings you to the "**Transfer Inventory**" page, which displays "**Inventory record being reduced**" at the top of the page in blue and "**Pending Transfer to be created for**" below.

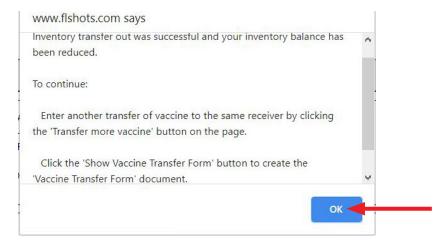
		Inventory record being reduced			
Site:	1MTL - MAITLAND CENTER				
Vaccine Type:	COVID-19 PFIZER - COVID-19 PFIZER				
Manufacturer:	PFR-PFIZER, INC				
Lot Number:	DUMMY	Expires: 12/31/2020	NDC: 59267-1000-02		
Effort:	COVID-19 (not VFC elig)				
	Retu	m to Transfer Inventory Supply Select			
L	-P	ending Transfer to be created for:			
Effective Date: * 12/06/2020					
Se	lect by providing Receiver Pin: - 0	R - Select by providing Organization Name: *			
1940		PHYSICIAN ASSOCIATES OF FL	1		
	Lookup pin number	Retrieve matching organizations			
		Site: * 1MTL - MAITLAND CENTER (481046) V			
		Site: INTE- MATEAND CENTER (461040) V			
Transfer * Quantity	Reason *				
1	Select	~			
Communit.	- General -	-			
Comment:					
Maximum characters permitted is: 425, Character count 0					
Submit			Cancel		

Your site must complete the steps listed below on the "Transfer Inventory" page (required fields will be blue):

- a. Enter the "Effective Date" of transfer.
- b. Indicate where the vaccine will be transferred:
  - If you know the PIN, enter it and click "Lookup pin number."
  - If you do not know the site's PIN, you can enter the Organization Name and click "**Retrieve matching organizations**," and pick the site from the list displayed.
  - If the site is within your organization, you can simply select the site from the site **drop-down box**.
- c. Enter the number of doses you want to transfer in "Transfer Quantity".
- d. Select the **reason** you are transferring the COVID-19 vaccines to the other VFC site. Available transfer options are:
  - Excess Inventory
  - Inadequate Inventory
  - Loss of Inventory Mechanical Failure
  - Other
  - Practice Closure
  - Transferred for Outbreak Response

**NOTE:** Choosing "Other" as your transfer reason will require that you input an additional comment.

Once you have entered the required information, click "**Submit**." The following pop-up appears to confirm a successful transfer. Click "**OK**."



## **STEP 8**

After submitting your transfer, Florida SHOTS will allow you to complete one of the following actions from the same "**Transfer Inventory**" page:

- Click the "Show Vaccine Transfer Form" to process the packing slip, which will be sent with the COVID-19 vaccine to the receiving site.
- Transfer more vaccines to the same recipient.
- Transfer more vaccines from the **same supply**.

	- Pending Tr	ansfer to be created for.
Effective Date: * 12/07/2020		
	Select by providing Receiver Pin: - OR - 701027	Select by providing Organization Name: * BASKSPACE Site: * BASKSPACE (701027)
Transfer * Quantity	Reason * Transferred for Outbreak Response V	
Comment:		
Maximum characters permitted is: 425. Character count: 0		
	Show Vaccine Transfer Form Transfer more vaccine	to the same recipient Transfer more vaccine from the same supply

# Creating the Vaccine Transfer Form

## STEP 1

Click "Show Vaccine Transfer Form" so that the transferred COVID-19 vaccines have the appropriate documentation when it is sent to the receiving site. The "Vaccine Transfer Form Select" page displays.

## STEP 2

Select the "Responsible Person" who is physically transferring the COVID-19 vaccines from your site. Then determine whether the specific NDC and lot number should be included on this "VFC Vaccine Packing Slip" by checking the "Include on form?" check box.

Vaccine Transfer	Form Select		(1)	/T99 : Emulating NDW17020
Applie Responsible Person: *	s to all vaccines			
Shipped Date	Sending Site	Receiving Organization	Receiving Site	Select this form
12/07/2020	1MTL - MAITLAND CENTER	BASKSPACE	BASKSPACE	۲
Vaccine Name ND COVID-19 PFIZER59267-1	C Manufacturer Lot Number Doses Include on 000-02 PFR-PFIZER, INC DUMMY 1	form?		
12/06/2020	1MTL - MAITLAND CENTER	BASKSPACE	BASKSPACE	0
Vaccine Name ND COVID-19 PFIZER59267-1	C Manufacturer Lot Number Doses 000-02 PFR-PFIZER, INC DUMMY 1			
ubmit				Car

## STEP 3

Enter the required criteria and click "Submit". The "Vaccine Transfer Form" then appears.

FLO	RIDA VACCINES FOR CHILDREN	(VFC) PROGRAM		
	Vaccine Transfer Packing	Slip		
To preserve the vaccine viability, it is important to maintain the "cold-chain" w	hen transporting vaccines. Providers must handle Provider Transferring the vacci		rly. NOTE: Do not transfe	r open viels.
VFC PIN: 481046 Provider Name: 1MTL - MAITLAND CENTER Telephone #: (407)660-7000 Date: 12/07/2020				
Print Name: DANIELLE ACEVEDO				
	Provider Receiving the vaccin	e(s)		
VFC PIN:701027 Provider Name: BASKSPACE				
When receiving the vaccines listed below, please verify the vaccines a	re in viable condition and the cold-chain has	not been compromised.		
Name of the Vaccine/Mfg	Lot Number	NDC	Expiration Date	Number of Doses
COVID-19 PFIZER - COVID-19 PFIZER PFR-PFIZER, INC	DUMMY	59267-1000-02	12/31/2020	1

all vaccines are immediately and properly stored. the refrigerator temperature for storage is within the range. to use the vaccines with the shortest expiration date first.

--- This is a packing slip. Please do not fax this form to the VFC program --

For all transfers, both the sending and receiving sites need to sign the **Vaccine Transfer Form** and email a copy to the VFC program at FloridaVFC@flhealth.gov for record-keeping.

**NOTE:** The receiving site should go to their "**Pending Receipts**" page after comparing the transfer form and packing slip they receive with the transferred vaccine and accept the pending transfer by clicking "**Apply transfer to inventory balances**."

## **HELP DESK**

## FREE TECHNICAL SUPPORT:

877-888-7468 (SHOT) MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

#### **INCLUDING:**

- Merging duplicate patient records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Requesting Florida SHOTS materials