



New York State Vaccines for Children (NYS VFC) Program Borrowing Request

Facility Name: _____ VFC PIN# _____

****Borrowing requires prior approval from the NYS VFC Program****

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

All borrowing requires ***Prior Approval*** from the NYS VFC Program (1-800-543-7468).

COMPLETE THIS FORM WHEN:

- A dose of VFC vaccine is administered to a non VFC-eligible child
- A dose of privately-purchased vaccine is administered to a VFC-eligible child

HOW TO COMPLETE THIS FORM:

- Enter information on each vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each vaccine borrowed
- Enter the corresponding reason code in column D of the Borrowing Report Table on page 2.
- The provider must complete/enter vaccine approval information, sign and date at the bottom of this report (page 2).

Reason for Vaccine Borrowing and Replacement Coding Legend

Reason for Borrowing VFC Dose	Code	Reason for Borrowing Private Dose	Code
Private vaccine shipment delay (vaccine order placed on time/delay in shipping) *INFLUENZA vaccine ONLY*	1	VFC vaccine shipment delay (order placed on time/delay in shipping)	5
Accidental use of VFC dose for a private patient	2	VFC vaccine not useable on arrival (vials broken, temperature monitor out of range)	6
Replacement of Private dose with VFC when insurance plan did not cover vaccine	3	Ran out of VFC vaccine between orders (not due to shipping delays)	7
Outbreak Control	4	Short-dated VFC dose was exchanged with private dose	8
		Accidental use of a Private dose for a VFC eligible patient	9
		PIN hold for Temperature Excursion and/or Reimmunization	10
		Outbreak Control	11



Borrowing Request (Page 2)

Facility Name: _____ **VFC PIN#** _____

Date Range of Vaccine Reporting (date of first dose borrowed to date of last dose borrowed):

____ / ____ / ____ to ____ / ____ / ____

VACCINE BORROWING REPORT TABLE (Make additional copies of this page as needed)

A Vaccine Type Borrowed Trade Name and Lot #	B Stock Used (VFC or Private)	C Number of Doses	D Reason Appropriate Vaccine Stock was not Used (Use legend code on page 1 to mark one reason for each dose borrowed)	E Date Dose Returned to Appropriate Stock (XX/XX/XXXX)
Date VFC was contacted:		Name of VFC representative granting/approving vaccine borrowing:		
<p align="center">I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, 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.</p>				
Provider Name:		Provider Signature:		Date:

• Fax (518-449-6912) or email (nyvfc@health.ny.gov) the completed borrowing form(s) to the VFC Program and retain a copy as a VFC program record.