

## VFC Dose for Dose Vaccine Replacement Form

**Guidance:**

AIPO acknowledges that providers make good faith efforts to store and handle vaccines appropriately, as outlined in the 2014 Arizona VFC Program Operations Manual. However, AIPO requires providers to provide restitution for any doses of federally purchased vaccines that have been lost due to the provider’s failure to properly receive, store, account for in inventory or use vaccines if:

- This is the 1<sup>st</sup> incident and the total loss is 5% or over, or
- This is the 2<sup>nd</sup> incident (or greater) – regardless of total value, or
- It is due to a failure to immediately open a vaccine shipment from McKesson or Merck resulting in damaged vaccine, regardless of total value, or
- It is due to failure to contact the Arizona VFC Program at the first instance of a recorded temperature excursion resulted in spoiled vaccines or
- Matches Physical Inventory is selected in ASIIS for reconciling VFC vaccine doses.

**Directions for use of this form:**

This form **MUST BE COMPLETELY FILLED OUT** when a VFC provider needs to replace VFC vaccines using privately purchased vaccines. Each wasted dose of VFC vaccine must be replaced. As soon as the VFC dose(s) is replaced by a privately purchased dose of vaccine, this form **MUST BE FAXED** or **SCANNED and EMAILED** to the Vaccine Center along with the invoice for doses that were privately purchased for replacement. The provider should keep a copy of the completed form in the office records. VFC inventory in ASIIS will need to be updated to reflect this replacement.

**Vaccine Center Fax Number: 602-364-3276**

**VFC Email: [ArizonaVFC@azdhs.gov](mailto:ArizonaVFC@azdhs.gov)**

**Time period of** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

**VFC Pin #:** \_\_\_\_\_

**Clinic/Provider Name:**

**Office Contact Name:**

**Telephone Number/ fax:**

**Current E-mail address:**

Wasted VFC Vaccine Name, NDC #	Number of Doses	Lot #	Exp. Date	Privately Purchased Replacement Dose Vaccine Name, NDC #	Number of Doses	NDC #	Lot #	Exp. Date

"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 replacement reported on this form has been accurately and fully reported and conducted in conformance with VFC provisions for such replacement. I also certify I have made adjustments to ASIIS to reflect this update in the inventory.

\_\_\_\_\_  
**Provider Name:**

\_\_\_\_\_  
**Provider Signature:**

\_\_\_\_\_  
**Date:**