Arizona Immunization Program Office, Vaccine Center

Phone: (602) 364-3642 **Fax: (602) 364-3276 or (602) 364-3232**

(Fax completed form to Vaccine Center)

Viable Vaccine Transfer Form

Provider Name: _____

PIN: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

Return Codes:

8- Transferred from your office to another location

Name and PIN of practice receiving transfer:

_____

Vaccine Name	Return Code	Vial(V) Syr.(S)	Lot#	Expiration Date	# of Doses	Cost per Dose	Total $
DTaP-Tripedia®						$13.25	
DTaP-Daptacel®						$14.51	
DTaP-Infanrix®						$14.85	
DTaP/HIB/IPV-Pentacel®						$52.55	
DTaP/HB/IPV-Pediarix®						$51.15	
DTaP/IPV-Kinrix®						$34.25	
e-IPV-IPOL®						$11.97	
Hep A-Havrix®						$14.25	
Hep A-Vaqta®						$14.25	
Hep B-Engerix B®						$10.35	
Hep B-Recombivax®						$10.50	
HIB-ActHib®						$9.00	
HIB-PedVaxHib®						$11.64	
HIB-Hiberix®						$8.98	
HPV-Cervarix®						$96.08	
HPV-Gardasil®						$108.72	
MCV4-Menactra®						$82.12	
MCV4-Menveo®						$82.12	
MMR-MMRII®						$18.99	
MMR/Varicella-ProQuad®						$85.72	
PCV13-Prevnar13®						$97.21	
PPV23-Pneumovax®						$34.54	
Rotavirus-Rotarix®						$89.25	
Rotavirus-RotaTeq®						$59.76	
Td-Decavac®						$16.50	
Tdap-Boostrix®						$30.25	
Tdap-Adacel®						$29.56	
Varicella-Varivax®						$69.73	
Other-							
				Total:	#		$

_____ _____

Signature of transferring person Date Signature of person receiving transfer Date

*Cost per dose according to the federal contract dated 4/11