



**Maine Immunization Program
COVID-19 Vaccine Transfer Form**

When transferring COVID-19 vaccine to another facility, please carefully review the specific guidance below prior to transport:

- [Pfizer Vaccine Transport Guidance](#)
- [Moderna Vaccine Transport Guidance](#)
- [Johnson & Johnson Vaccine Transport Guidance](#)

	Transferring Provider Pin #:
Transferring Provider Facility Name:	Date:
Address:	Phone:
City:	Person Completing Form:

Receiving Provider Facility Name:	Receiving Provider Pin #:
Address:	Phone:
City:	Person Completing Form:

Vaccine Mfg.	NDC Number	Lot Number	Number of Doses Transferred	Expiration Date

Number of hours spent in transport: _____

Before transferring please check that you have included all corresponding diluent and ancillary kit supplies.

Upon arrival of vaccine, check the quantities and lot numbers against what is listed above. Store vaccines immediately.