

Iowa Department of Public Health COVID-19 Vaccine Redistribution Form

This form must be completed and emailed to COVID19Vaccine@idph.iowa.gov for each vaccine redistribution request.

Initiating Organization

Initiating Organization Name: _____ COVID-19 PIN: _____

Organization Contact Person: _____ County: _____

Telephone: _____ Email: _____

Receiving Organization

Receiving Organization Name: _____ COVID-19 PIN: _____

Organization Contact Person: _____ County: _____

Telephone: _____ Email: _____

This form must be used to request the redistribution of COVID-19 vaccines between Iowa Department of Public Health (IDPH) approved COVID-19 vaccine provider organizations. **Vaccine redistribution between COVID-19 vaccine provider organizations can occur only after receiving approval from the IDPH Immunization Program.** Each vaccine must be listed on a separate row. The transferring provider organization must keep a copy of the completed form in the organization's records. Any inventory adjustments or redistribution of vaccines not approved by IDPH may result in the loss of COVID-19 vaccine provider status and the removal of COVID-19 vaccines from the provider organization. Vaccine cold-chain procedures in accordance with the manufacturer instructions and CDC's [Vaccine Storage and Handling Toolkit](#) must be in place and documented when transporting COVID-19 vaccines.

| COVID-19 Vaccine Manufacturer/Brand | Number of Doses to Transfer | NDC | Lot Number | Date of Transfer | Vaccine Expiration/Beyond Use Date |
|-------------------------------------|-----------------------------|-----|------------|------------------|------------------------------------|
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I agree to document and make available any redistribution records of COVID-19 vaccine to secondary sites and to the IDPH Immunization Program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and number of doses. I hereby certify, subject to penalty under the *the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.*, vaccine doses transferred between COVID-19 providers reported on this form are accurately reported and conducted in conformance with provisions for such transfer and further certify all doses transferred during the noted time period have been fully reported on this form. I have stored vaccines according to vaccine manufacturer and CDC recommendations and have provided appropriate temperature logs to the receiving provider organization.

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Organization Contact Name/Signature: _____

Date: _____

Typed Signature is Appropriate