

VACCINE REPLACEMENT LOG

Guidance:

VFC-enrolled providers are expected to manage and maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. **Borrowing of VFC vaccine is not permissible**; however, there are instances where VFC can approve of vaccine replacement. Infrequent exchanging between stocks can occur only with permission from Chicago VFC. Each dose of VFC vaccine used on non-VFC eligible children must be replaced, dose for dose, within 90 days. Information provided on this form will be validated through the I-CARE registry.

Use this form when:

- A dose of VFC vaccine is administered to non-VFC eligible child
- A dose of Private/CHIP vaccine is administered to a VFC-eligible child

How to complete this form:

1. Document every dose of VFC vaccine administered to non-VFC eligible child or private vaccine administered to a VFC-eligible child
2. Use two rows, *Dose Administered* and the *Replaced Dose* line underneath it, for each vaccine
3. Complete all columns for the *Dose Administered* row. Make sure to enter the corresponding reason code in the last column (listed below)
4. Complete all columns for the *Replaced Dose* row including Vaccine Name, Vaccine NDC#, Lot #, and Expiration Date. Failure to include all required information may result in a delay in the processing of this form
5. Make copies as needed – You will need to show this form to your PHA when receiving a Quality Assurance Review
6. Medical Director must sign and date the Vaccine Replacement Log
7. Fax to 312-746-6220 Attention: Vaccine Management Unit
8. **Wait for VFC approval.** Once approved, VFC will update your I-CARE inventory to reflect the replacement, and you will be notified via email that the process is complete. **Please feel free to contact ChicagoVFC@cityofchicago.org if you have any questions**

Reason for use of VFC dose on non-VFC eligible child	Code	Reason for use of Private/CHIP dose on VFC eligible child	Code
Manufacturer or distributor experienced shipment delay	1	Manufacturer or VFC distributor experienced shipment delay	8
Private/CHIP vaccine not useable on arrival	2	VFC vaccine not useable on arrival	9
Ran out of stock between orders (order not placed on time)	3	Ran out of VFC stock between orders (order not placed on time)	10
Short-dated Private/CHIP dose exchanged with VFC dose (expiration date less than one month)	4	Short-dated VFC dose exchanged with Private/CHIP dose (expiration date less than one month)	11
Accidental use of VFC dose on a private patient (human error)	5	Accidental use of Private/CHIP dose on VFC eligible patient (human error)	12
Replacement of Private/CHIP dose with VFC when insurance plan did not cover vaccine	6		

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	Vaccine Dose Administered/ Replaced	Date Dose Administered	Patient Name	Date of Birth	Vaccine Name	Vaccine NDC #	Lot #	Expiration Date	Stock Used	Reason Appropriate stock not used
Example	Dose Administered	01/01/2018	Dog Lover	01/01/2017	MMR II	00006-4681-00	X001584	01/01/2019	VFC CHIP Private	9
	Replaced Dose				MMR II	00006-4681-00	G001845	02/01/2019	VFC CHIP Private	
1	Dose Administered	__/__/__		__/__/__		____-____-____		__/__/__	VFC CHIP Private	
	Replaced Dose					____-____-____		__/__/__	VFC CHIP Private	
2	Dose Administered	__/__/__		__/__/__		____-____-____		__/__/__	VFC CHIP Private	
	Replaced Dose					____-____-____		__/__/__	VFC CHIP Private	
3	Dose Administered	__/__/__		__/__/__		____-____-____		__/__/__	VFC CHIP Private	
	Replaced Dose					____-____-____		__/__/__	VFC CHIP Private	
4	Dose Administered	__/__/__		__/__/__		____-____-____		__/__/__	VFC CHIP Private	
	Replaced Dose					____-____-____		__/__/__	VFC CHIP Private	

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.

Clinic Name: _____ VFC PIN: _____ Medical Director's Signature: _____ Date: _____

VFC Coordinator Name: _____ VFC Coordinator Email: _____