

**VACCINE TRANSFER REPORT**  
**IMMUNIZATION PROGRAM (EPI-6; rev 07/2016)**

THE FOLLOWING VACCINE(S) WAS  TRANSFERRED TO   
 EXPIRED  
 DAMAGED

VFC PIN #

<i>Vaccine Type</i>	<i>Number of Doses</i>	<i>Lot #</i>	<i>Expiration Date</i>
<input style="width: 90%; height: 15px;" type="text"/>			
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REMARKS:

**TRANSFERRED FROM:**    
*VFC PIN #* *Parish Health Unit or Clinic Name*

WHEN TRANSFER TAKES PLACE  
PLEASE SEND REPORT TO:

\_\_\_\_\_  
*Signature*

**State of Louisiana**  
**Louisiana Department of Health Office**  
**of Public Health**  
**Immunization Program**  
**1450 Poydras Street**  
**Suite 1938**  
**New Orleans, LA 70112**  
Phone: (504) 568-2600  
Fax: (504) 568-2660

*Date of Transfer*

Print Form