

## VACCINE BORROWING LOG

VFC PIN: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Date Range or Month/Year: \_\_\_\_\_

**Use this form when:** 1. A dose of VFC vaccine is administered to a non VFC-eligible child **OR** 2. A dose of privately-purchased vaccine is administered to a VFC-eligible child. Submit with orders and maintain for 3 years. All borrows must be recorded on this form and in MCIR. VFC providers must maintain adequate inventory of private vaccine for patients not VFC-eligible. Borrowing should only occur as a rare, unplanned circumstance such as a delay in private shipment.

As a reminder, **VFC flu vaccine** should NOT be borrowed under any circumstance. Detailed guidance can be found at [www.michigan.gov/vfc](http://www.michigan.gov/vfc).

BORROW								REPLACEMENT				
Date Dose Borrowed	Patient's MCIR ID or Name*	DOB	Dose Used from: VFC or Private	Vaccine Type (ex: MMR) If Flu, specify type/dose	Manufacturer	Lot # of Borrowed Dose	Reason # (options below)	Date Dose Replaced	Vaccine Type	Manufacturer	Lot # of Replacement Dose	
								Reminder: Ensure replacement occurs in MCIR and unit.				
<b>Reason for Borrowing VFC Dose</b>							<b>Reason for Borrowing Private Dose</b>					
1. Private vaccine Shipment Delay			5. Accidental use of VFC for private				8. VFC vaccine shipment delay			11. Short-dated private used on VFC client to avoid expiration		
2. Private vaccine not useable on arrival			6. Insurance did not cover private dose				9. VFC vaccine not useable on arrival			12. Accidental use of Private for VFC		
3. Ran out of private vaccine between orders			7. Other – Describe:				10. Ran out of VFC vaccine between orders			13. Other – Describe:		
4. Short-dated VFC used on private client to avoid expiration												

\*Ensure compliance with HIPAA & MPHI when handling and transmitting Protected Health Information (PHI).