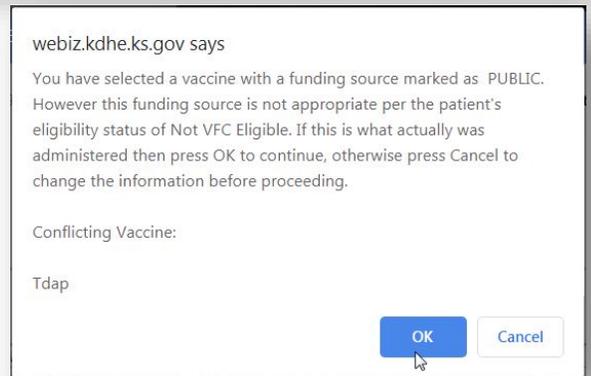
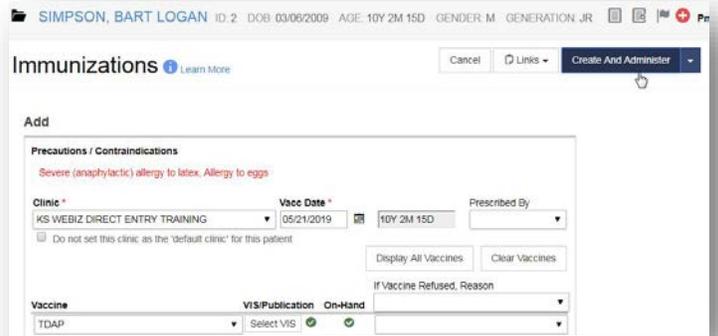


Vaccine Borrowing

Document Borrowed Vaccine (Direct Entry Users Only)

1. Search for the patient record.
2. Document the patient eligibility on the **drop down menu** under *VFC Eligibility* in the *Patient Demographics* prior to documenting the borrowed vaccine.
3. Select **Immunization** under the *Action* menu.
4. Select **Add Vaccines** from the *Select Action* drop down menu.
5. Enter the **Date** under *Vacc Date*.
6. Select the **Vaccine** from the drop down menu under *Vaccine*.
7. Select **Create and Administer**.
8. Select the **name** of the person that administered the vaccine from the *Administered By* drop down menu.
9. Select the **vaccine** information from the *Mfg Lot Exp Date (MM/DD/YY) Funding Src Inv Loc NDC Brand* drop down menu.
10. Select the **Body Site** of where the vaccine was administered.
11. Select **Update**.



Please be sure to select the borrowed reason that reflects exactly why you borrowed.

12. If the selected vaccine information does not correspond with the patient eligibility, a pop up notification will appear identifying the borrowing situation.
13. Select **OK** to proceed or **Cancel** to go back and make changes.
14. The screen will refresh and prompt you to enter a **Borrowed Reason** and **Comment**.
15. Select the **Body Site** of where the vaccine was administered.
16. Select **Update**.



Borrowing Report

1. Select **Reports** on the *left-hand menu*.
2. Scroll to the *Coverage Statistics* section and select the **Vaccine Borrowing Report**.
3. Enter the criteria as seen below.
4. To view the comments that show the reason for borrowing run the report as an extract by selecting the **radio button** next to *extract* and entering a **comma** next to *delimiter*.
5. Select **Run Report**.

Vaccine Borrowing Report

Enter the selection criteria and click "Run Report" or click "Cancel" to return to the previous page. i

Report Selection Criteria

Provider/Clinic : DOWNTOWN CLINIC (6139) PHL7, DOWNTOWN CLINIC
 x

Practice Type

Apply criteria to: Provider Clinic

(ALL) ▲

COLLEGE OR UNIVERSITY

COMMUNITY HEALTH CENTER

CORRECTIONAL FACILITY

DRUG TREATMENT FACILITY

FAMILY PLANNING

FEDERALLY QUALIFIED HEALTH CENTE

HEAD START

HEALTH DEPARTMENT ▼

Note: Hold the Ctrl key to select multiple items.

Ethnicity

(ALL) ▼

Vaccination Date Range *

From: **Through:**

Include Doses Administered With Appropriate Funding Source

Include Doses Administered With Inappropriate Funding Source

Vaccine Funding Sources *

PRIVATE

BT FUNDS

GENERAL FUNDS

PHEP FUNDS

PUBLIC

PUBLIC WASTAGE REPAYMENT

SANOFI GIFT PROGRAM

Note: hold the Ctrl key to select multiple items.

Output Type PDF EXTRACT - Delimiter: