

VACCINE BORROWING REPORT

Vaccines for Children (VFC) Providers are expected to manage and maintain an adequate inventory of vaccine for both private and publicly insured/eligible children. **Planned to borrow of publicly funded vaccine, including the use of publicly funded vaccine as a replacement system for a provider's private vaccine inventory, is not permissible.**

VFC Providers must ensure borrowing publicly funded vaccine will not prevent a publicly insured child from receiving a needed vaccination. Infrequent exchanges between public and private vaccine can occur only when: there is a lack of vaccine due to delayed or spoiled shipments; vaccine will expire soon and will be lost if not used (to be used only by providers with small, privately insured populations), or new staff calculated ordering interval incorrectly, causing a lack of either private or public vaccine (this may occur only prior to proper vaccine ordering training).

COMPLETE THIS FORM WHEN:

- A dose of publicly funded vaccine is administered to a privately-insured child.
- A dose of privately funded vaccine is administered to a publicly-insured/eligible child.

HOW TO COMPLETE THIS FORM:

- Enter information on each dose of vaccine borrowed on a separate row on the Vaccine Borrowing Report.
- All columns must be completed for each dose borrowed and replaced through administration of vaccine.
- Provider must sign and date at the bottom of each page of the report.
- Submit the completed Vaccine Borrowing Report to the Kansas Immunization Program (KIP) at the end of each month. Fax to 785-559-4226 or email to kdhe.vaccine@ks.gov. For questions regarding borrowing, contact your Regional Immunization Consultant.
- Keep the Vaccine Borrowing Report on file in the clinic a minimum of 3 years after the borrowing event. VFC providers should also maintain copies of invoices showing the purchase of private vaccine used to replace borrowed public vaccine. The reports and invoices must be made available during site visits or upon request the KIP.

VACCINE BORROWING REPORT

BORROWED DOSE							REPAYMENT DOSE			
VACCINE BORROWED	LOT # OF BORROWED DOSE	PRIVATE or PUBLIC VACCINE USED	DATE BORROWED	PATIENT IDENTIFIER: PT NAME, MEDICAL RECORD # OR KSWEBIZ # AND DOB	PATIENT ELIGIBILITY	REASON CODE FOR BORROWING (SEE TABLE)	LOT # OF RETURNED DOSE	DATE RETURNED	PATIENT IDENTIFIER: PT NAME, MEDICAL RECORD # OR KSWEBIZ # AND DOB	PATIENT ELIGIBILITY
				ID					ID	
				DOB					DOB	
				ID					ID	
				DOB					DOB	
				ID					ID	
				DOB					DOB	
				ID					ID	
				DOB					DOB	
				ID					ID	
				DOB					DOB	

Reason for Borrowing Public Dose	Code	Reason for Borrowing Private Dose	Code
Private vaccine shipment delay (vaccine order placed on time/delay in shipping)	1	Public vaccine shipment delay (order placed on time/delay in shipping)	8
Private vaccine not useable on arrival (vials broken, temperature monitor out of range)	2	Public vaccine not useable on arrival (vials broken, temperature monitor out of range)	9
Ran out of private vaccine between orders (not due to shipping delays)	3	Ran out of public vaccine between orders (not due to shipping delays)	10
Short-dated private dose was exchanged with publicly funded dose	4	Short-dated public dose was exchanged with private dose	11
Accidental use of publicly funded dose for a private child	5	Accidental use of a private dose for a publicly insured/eligible child	12
Replacement of private dose with publicly funded dose when insurance plan did not cover vaccine	6	Other – Describe:	13
Other – Describe:	7		

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C§3730) and other applicable Federal and state law, that public vaccine borrowing, and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certifies that all public doses borrowed during the noted time period have been fully reported on this form.

FACILITY NAME	PIN
PRINTED NAME	SIGNATURE
	DATE