# NM Vaccines for Children (VFC) Program

# **Frozen Vaccine Transport Log**



Complete this log when transporting vaccines to an alternate or back-up freezer

#### **Transfer Information**

Vaccine Transfer							
Date:							
Provider name:		F	Pin:		Transfer Form complete	ed? (Y/N)	
Transferred to:		F	Pin:		Transfer Form complete	ed? (Y/N)	
Vaccine transferred due to (circle one):							
Power outage	Excess supply	Short dated	Ur	nit malfunction	Building maintenance	Other:	

### **Vaccine Inventory Information**

Vaccine (ProQuad, Varicella)	Lot Number	Number of doses	Expiration Date

## **Temperature Monitoring Information**

	Temperature	Time
Temperature of vaccine in freezer prior to transfer:		
Temperature of vaccine in cooler before departure:		
Temperature of vaccine in cooler upon arrival:		
Temperature of back-up/transfer freezer:		
Total Transport Time:		

If temperatures during transport exceed recommended ranges, contact the VFC program:					
Metro & Northwest: 505-383-0153	Northeast: 505-476-2622	Southeast (a): 575-347-2409 ext. 6222	Southwest: 575-523-7991		
505-383-0154	505-476-2643	Southeast (b): 575-397-2463 ext. 6516	ext. 110 or 101		
505-841-5890					