



PHARMACY VACCINE TRANSFER FORM

- This form is used to report the transferring of vaccines (Pharmacy use only)
- Record all vaccine details, including batch number and the number of doses to be transferred
- Please email the completed form to the Immunisation Program at QHIP-ADMIN@health.qld.gov.au
- All vaccines should be transferred in line with the **National Vaccine Storage Guidelines - Strive for 5**

Pharmacy Name	
VSP Number	
Email Address	
Telephone Number	

Transfer Date		
Pharmacy VSP transferred to:	VSP Name	
	VSP Number	

Vaccine Brand	Batch Number	Quantity	Batch Number	Quantity	Batch Number	Quantity
Engerix B paediatric/H-B-VaxII paediatric						
Beyfortus						
Infanrix Hexa/Vaxelis						
Prevenar 13						
Rotarix (oral)						
Nimenrix						
Bexsero						
Priorix/MMRII						
ACT-Hib						
Priorix-tetra						
Infanrix/Tripacel						
Infanrix-IPV/Quadracel						
Vaqta paediatric						
Pneumovax 23						
Shingrix						
Boostrix/Adacel						
Gardasil 9						
MenQuadfi						
Varivax						
H-B-VaxII adult						
IPOL						
Imojev						
JEspect/Jynneos						
Rabipur						
Merieux/Verorab						
KamRab						
Fluarix Tetra						
Vaxigrip Tetra						
Flucelvax Quad						
Fluad Quad						
Other						
Other						