

# TRANSFER OF H1N1 SUPPLIES BETWEEN SITES

(This form must be completed if you distribute your H1N1 product(s) to another agency)

Date of Transfer \_\_\_\_\_

**Transferred From:**

**Transferred To:**

Site Name \_\_\_\_\_

Site Name \_\_\_\_\_

Contact \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Product	Lot #	Expiration Date	Quantity (each)

**NOTE:** You will need to supply a completed copy to the site you are transferring product to. You must also keep your copy for your records.

Comments: \_\_\_\_\_