

BORROWING REPORT

THIS FORM IS USED ONLY FOR ACCIDENTAL BORROWING NOT TO SUPPLEMENT INVENTORY VACCINE SHORTAGES

COMPLETE THIS FORM UPON FINDING OF THE ACCIDENTAL BORROWING AND EMAIL TO R.E. ONLY AFTER COLUMN G HAS BEEN FILLED IN (DATE OF VACCINE REIMBURSEMENT).



Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Programs
VACCINE BORROWING REPORT

Facility Name: _____

PIN #: _____

Check the box if this is for: TVFC Program
 ASN Program

All TVFC/ASN providers are expected to manage and maintain an adequate inventory of vaccine for both their TVFC/ASN and non-TVFC/ASN-eligible patients. Vaccine supplied by the TVFC/ASN Programs cannot be provided to a non-TVFC/ASN-eligible patient. Planned borrowing of TVFC/ASN vaccine including the use of TVFC/ASN vaccine as a replacement system for a provider's privately purchased vaccine inventory is not permissible. Undocumented borrowing and administering of TVFC/ASN vaccines to a non-TVFC/ASN patient is considered fraud.

In addition, borrowing between TVFC and ASN requires a vaccine borrowing report. Planned borrowing between the TVFC and ASN programs is not permitted. TVFC/ASN providers cannot use TVFC/ASN vaccine as a replacement system for filling the vaccine needs of a non-TVFC/ASN privately insured patient. If a TVFC/ASN dose(s) is accidentally administered to a non-TVFC/ASN-eligible patient, the provider must complete the TVFC/ASN Borrowing Report Form (EC-67) and replace the vaccine immediately.

COMPLETE THIS FORM WHEN:

- A dose of TVFC vaccine is administered to a non TVFC-eligible child.
- A dose of privately-purchased vaccine is administered to a TVFC-eligible child or an ASN-eligible adult.
- A dose of ASN vaccine is administered to a TVFC-eligible child.
- A dose of ASN vaccine is administered to a non ASN-eligible adult.
- A dose of TVFC vaccine is administered to an ASN-eligible patient.

- Enter information on each dose of vaccine borrowed in a separate row in the Vaccine Borrowing Report Table.
- All columns must be completed for each dose borrowed.
- The provider must sign and date at the bottom of this report.
- Enter the corresponding reason code in column F of the Borrowing Report Table on page 2.
- Enter details of reason in Column F if an Other code (9 Other or 16 Other) is entered in the Vaccine Borrowing Reportable.

Reason for Vaccine Borrowing and Replacement Coding Legend

Reason for Borrowing TVFC/ASN Dose		Reason for Borrowing Private Dose	
Code		Code	
1	Private vaccine shipment delay (vaccine order placed on time/delay in shipping)	10	TVFC/ASN vaccine shipment delay (order placed on time/delay in shipping)
2	Private vaccine not useable on arrival (vials broken, temperature monitor out of range)	11	TVFC/ASN vaccine not useable on arrival (vials broken, temperature monitor out of range)
3	Ran out of private vaccine between orders (not due to shipping delays)	12	Ran out of TVFC/ASN vaccine between orders (not due to shipping delays)
4	Short-dated private dose was exchanged with TVFC/ASN dose	13	Short-dated TVFC/ASN dose was exchanged with private dose
5	Accidental use of TVFC/ASN dose for a private patient	14	Accidental use of a Private dose for a TVFC-eligible patient
6	Accidental use of ASN dose for a TVFC patient.	15	Accidental use of a Private dose for an ASN-eligible patient.
7	Accidental use of TVFC dose for an ASN patient.	16 Other	Other - Describe:
8	Replacement of Private dose with TVF/ASN when insurance plan did not cover vaccine		
9 Other	Other - Describe:		

WHAT TO DO WITH THIS FORM:

- The Vaccine Borrowing Form must be kept as part of the TVFC/ASN Program records for a minimum five years and be made easily available.

Date Range of Vaccine Reporting (date of first dose borrowed to date of last dose borrowed): _____ / _____ / _____ to _____ / _____ / _____

VACCINE BORROWING REPORT TABLE

A Vaccine Type Borrowed	B Stock Used (TVFC or Private)	C Patient Name	D Patient DOB (XX/XX/XXXX)	E Date Dose Administered (XX/XX/XXXX)	F Reason Appropriate Vaccine Stock Was Not Used (Use legend code on page 1 to mark one reason for each dose borrowed)	G Date Dose Returned to Appropriate Stock (XX/XX/XXXX)
Gardasil	Private	Texas Star	02/11/2005	02/10/2023	12	02/13/2023
Write in replacement dose						
Gardasil	LOT#	Expiration				

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

Provider Name: _____ Provider Signature: _____ Date: _____

