



Division of Immunization Services

350 Capitol Street, Room 125
Charleston, West Virginia 25301-3715
(304) 558-2188 or 1-800-642-3634

VFC Storage Agreement

PIN# _____

Providers who wish to receive Vaccines for Children vaccine must agree to provide the appropriate storage units as well as adhere to the Division of Immunization Services handling requirements. Failure to comply may result in a suspension of vaccine provided.

Please indicate the type of storage unit available in your practice.

- ___ Stand alone refrigerator (without freezer)
- ___ Stand alone freezer
- ___ Combined refrigerator/freezer with a separate sealed freezer compartment and separate thermostat
- ___ Other: (Explain) _____

The following are requirements for proper storage of vaccine:

- Refrigerator temperatures are to be recorded twice a day.
- Refrigerator temperatures are to be maintained at 35^o to 46^oF (2^o – 8^oC).
- **Temperature logs are to be submitted monthly to the Division of Immunization Services.**
- MMR, Varicella (Varivax), MMRV (ProQuad), Rota, HPV, ActHib, Hiberix, Menactra, Menveo and inactivated Flu vaccine are light sensitive and **must be kept in its original closed carton** until ready for use.
- Varicella and MMRV require special storage and handling:
 - **Varicella and MMRV must be stored at 5^oF (-15^oC) or lower.**
 - Providers who wish to receive Varicella / MMRV **must have someone present in the office through regular business hours five days per week.** This is essential because Varicella and MMRV are shipped from the manufacturer and may arrive at any time during regular business hours.
- The Program requires a **complete street address**, as post office boxes will not be acceptable for delivery purposes.

Provider Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____

Completed and return this form to:

Division of Immunization Services
 350 Capitol St., Rm. 125
 Charleston, WV 25301

If you have any questions please call (800) 642-3634.

I hereby agree to adhere to the above stated requirements to properly maintain adequate storage and handling of all vaccines provided through the Vaccines for Children Program.

Physician's Signature: _____ Date: _____