

# COVID-19 Vaccine Allocation & Ordering System

VAOS Provider User Training Guide

Updated 3/16/2021



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# Overview

- **Purpose**

- The following slides outline the necessary steps that all COVID-19 Vaccine Providers will follow to access the **COVID-19 Vaccine Allocation & Ordering System (VAOS)** and perform related responsibilities.
  - **VAOS** is the system through which Primary and Backup Vaccine Coordinators for approved COVID-19 Vaccine Providers will request and acknowledge vaccine allocations, confirm received shipments, view distribution information, and report waste.
  - Through VAOS, COVID-19 Vaccine Providers may access the **Vaccine Management Dashboard**, which provides data about vaccine allocations, distribution supply, and administration metrics.

- **Audience**

- COVID-19 Vaccine Providers



# VAOS Tips & Tricks

## *Keep in mind...*



VAOS works best with **Chrome** as your browser.



Please **check your Spam** folder for emails from [noreply@salesforce.com](mailto:noreply@salesforce.com) as needed. You may also receive emails from [CDCCustomerService@McKesson.com](mailto:CDCCustomerService@McKesson.com).

If possible, flag these addresses as safe-senders to avoid emails being sent to Spam.



Regardless of the number of Providers or facility locations you are associated with, you will have **one set of login credentials**.

# Understanding your Provider Actions in VAOS

As a COVID-19 Vaccine Provider, these are your **primary functions in VAOS**:

**1**

## **ACCESSING DASHBOARDS**

Useful for seeing your allocations, distribution supply, and administration metrics

**2**

## **SUBMITTING ALLOCATION REQUESTS**

Required to determine the allocations of COVID-19 vaccines your facility will receive

**3**

## **CONFIRMING SHIPMENTS\***

Required once you receive your vaccine doses

**4**

## **REQUESTING TRANSFERS/ RETURNS**

Not required, and should be considered carefully before requesting

**5**

## **REPORTING WASTE\***

Required to track how many doses are unused/wasted

**The following slides provide an overview of these functions.**

\* These functions also have instructional videos on the DSHS Provider Resources website located [here](#)

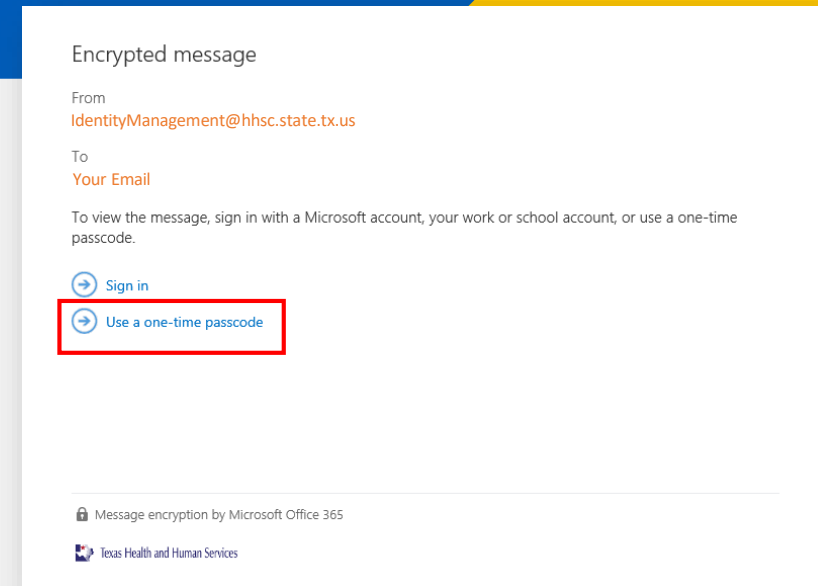
# 1: Accessing Dashboards



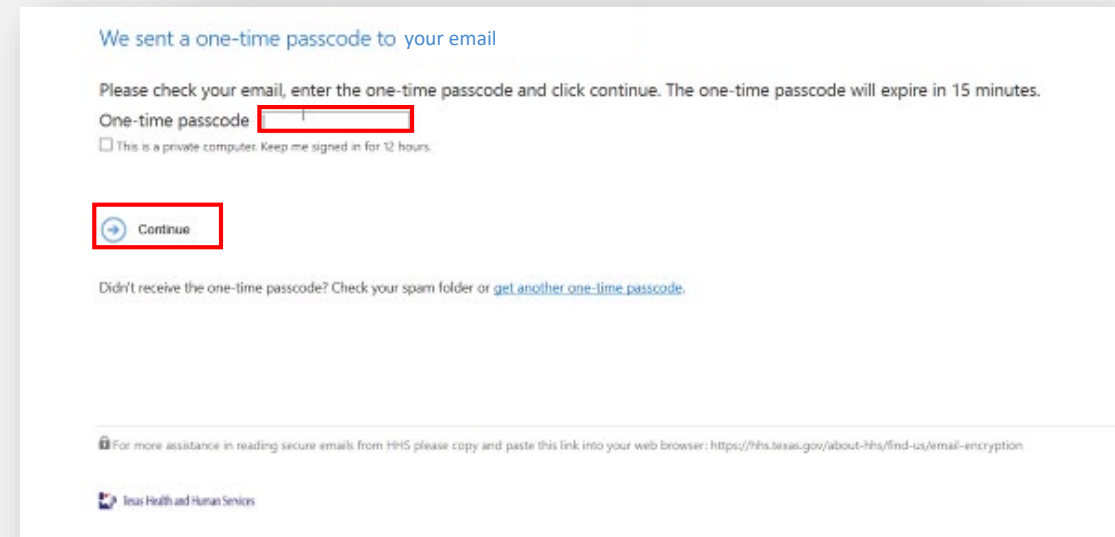
# Step 1: Decrypt Email

1. You will receive an encrypted email from **IdentityManagement@hhsc.state.tx.us**
2. The email will need to be decrypted. To **decrypt the email**, click on the message file and choose to open it.
3. You will be redirected to a web browser. From here, click **Use a one-time passcode**.
4. Your **temporary code** will be emailed to you.
5. Enter your one-time code and click **Continue**.

3



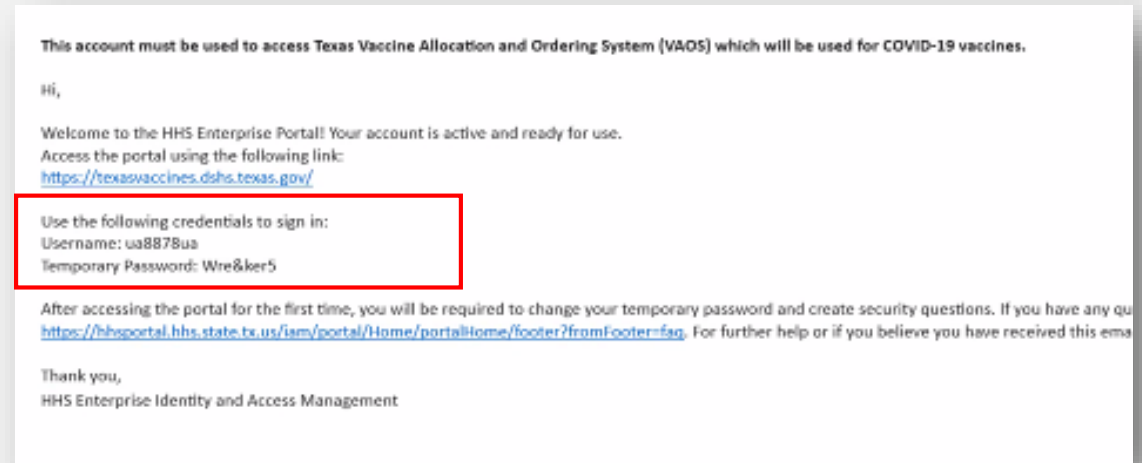
4-5



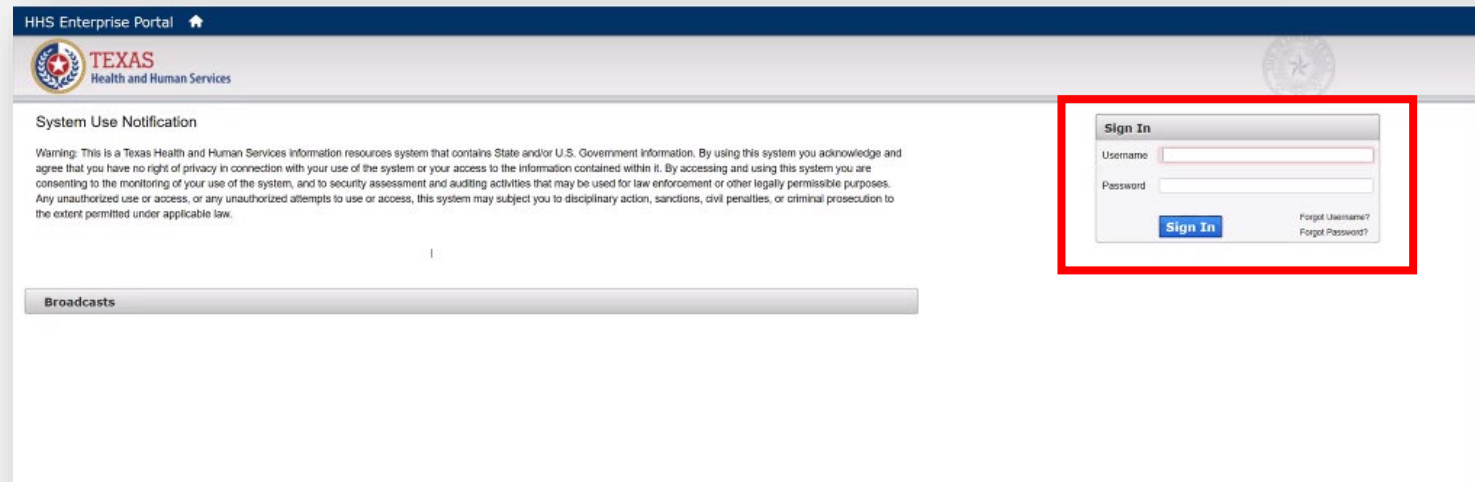
# Step 1: Decrypt Email

6. Once you click **Continue** the encrypted message will open.
7. The message will contain **your username and a temporary password** for VAOS.
8. Click the link to VAOS to be redirected to the VAOS login page.
9. Use the provided **credentials** from the **encrypted email** to log in and **change the temporary password** to a password of your choosing.

7



9



# Step 2: Access Dashboard

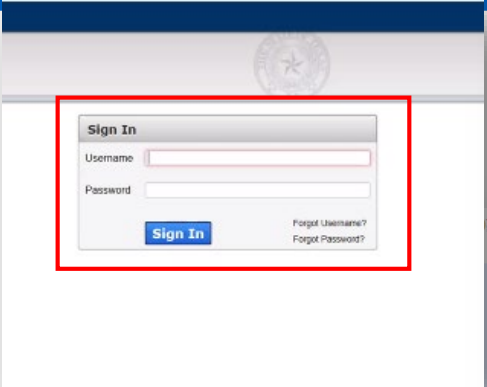
10. Once you've created your new password, use it to log in to your Provider portal at <https://texasvaccines.dshs.Texas.gov>

11. On the home page, click **Dashboard**.

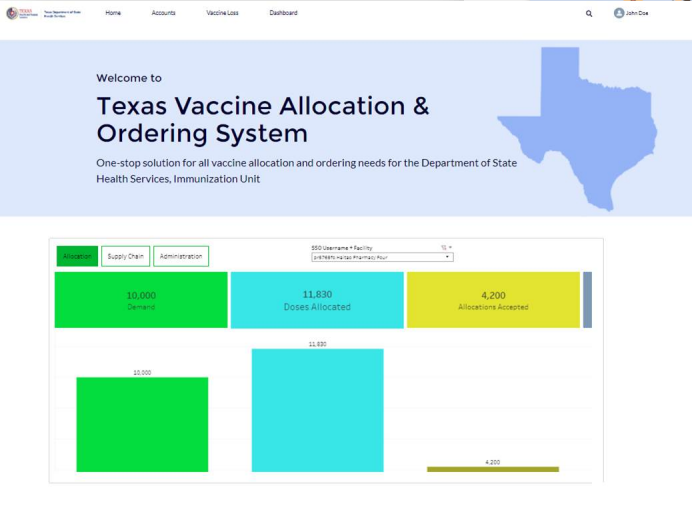
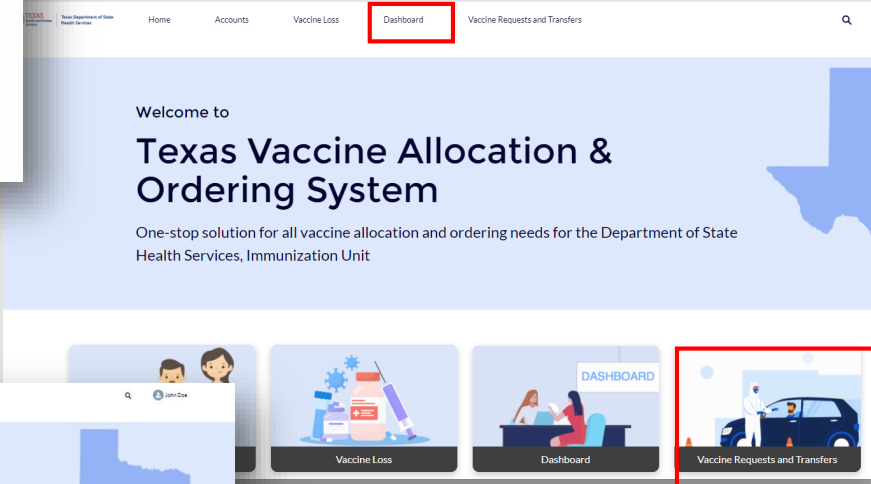
12. You may access the dashboards as needed to gain visibility into vaccine distribution for your facility or region.

13. There are 3 views you can navigate through: **Allocation**, **Supply Chain**, and **Administration**.

10



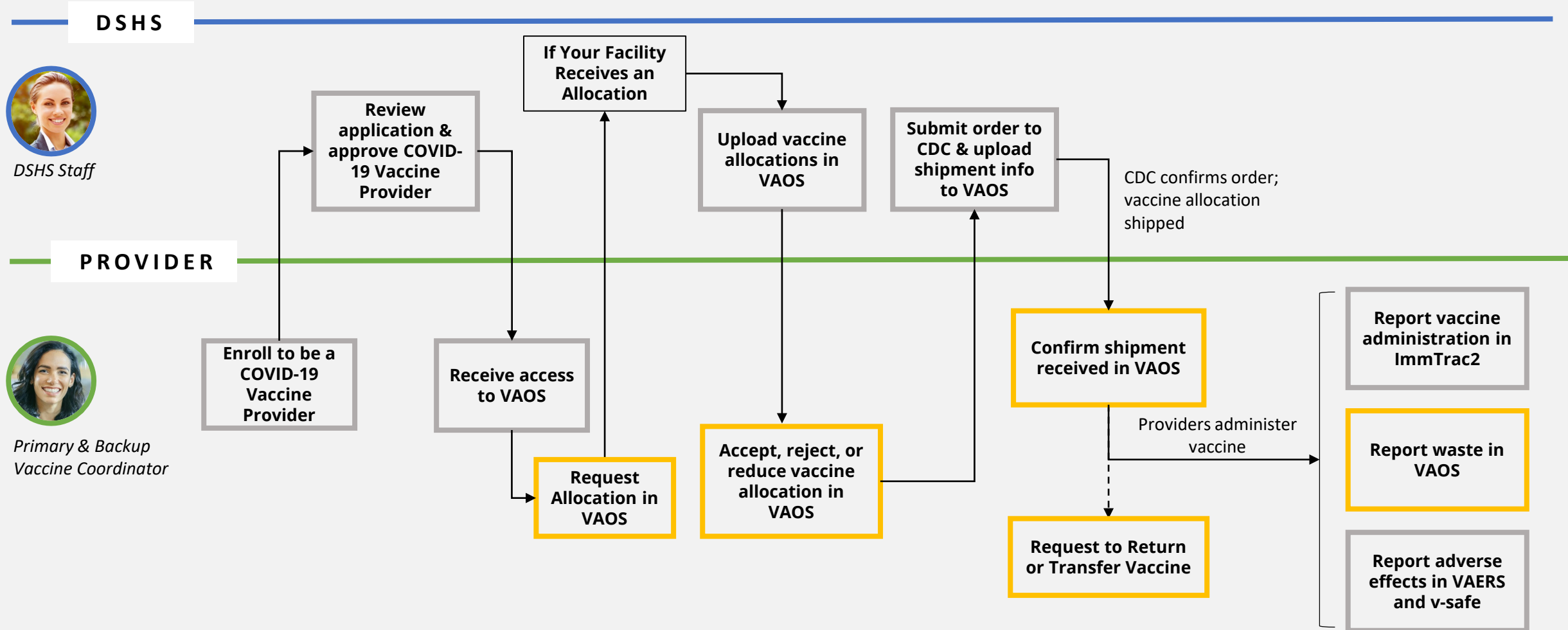
11



12-13



# COVID-19 Vaccine Provider Milestones







The remaining sections address the milestones outlined in yellow.

# 2a: Requesting COVID-19 Vaccine Allocations in VAOS



# Timeline for Requesting Allocations

This calendar shows an *example* timeline for vaccine allocation requests and when they might be delivered:






Monday	Tuesday	Wednesday	Thursday	Friday
Day 1	Day 2	Day 3	Day 4	Day 5
Submit allocation requests in VAOS			Deadline to submit <b>weekly</b> request 	
Day 8	Day 9	Day 10	Day 11	Day 12
		Providers receive allocation notification.		Hub site <b>Moderna</b> orders delivered 
		Providers receive shipment notifications		
Day 15	Day 16	Day 17	Day 18	Day 19
Provider <b>Moderna</b> orders delivered  Hub site <b>Pfizer</b> orders delivered	Provider <b>Pfizer</b> orders delivered 			

Providers will submit allocation requests **each week.**

Delivery timelines are **estimated** and are subject to change based on vaccine supply and other factors.

# Submit Allocation Requests in VAOS

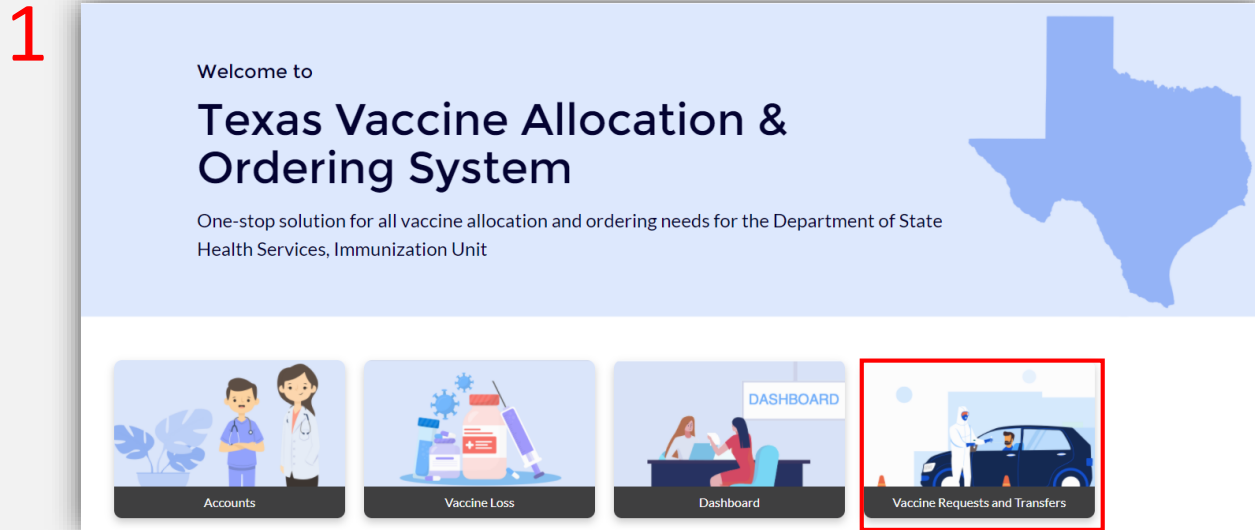
Before submitting a first dose allocation request in VAOS, make sure you have this information ready:

-  ✓ Type of vaccine requested (Moderna, Pfizer)
  - If Pfizer, do you need dry ice?
  - If Moderna, do you have available refrigerator storage for the requested amount?
-  ✓ Ancillary supplies requested
-  ✓ Populations you plan to vaccinate with this allocation
-  ✓ If you want to be available on CDC Vaccine Finder
-  ✓ Number of **first doses** requested

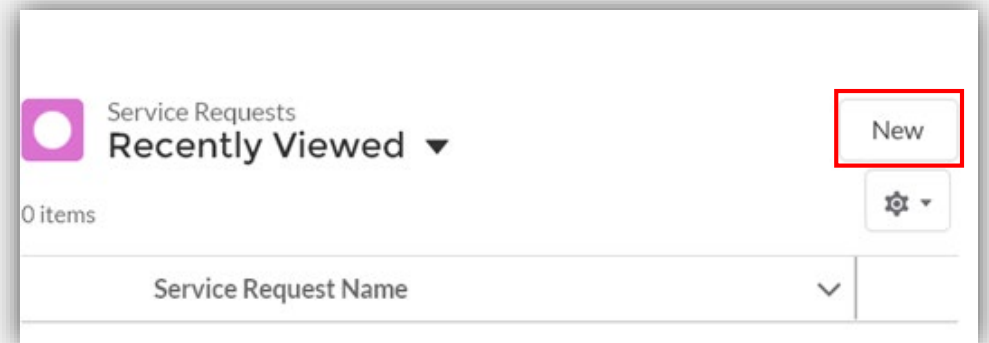
Submitted allocation requests inform allocation decisions, but **do not guarantee that you will receive an allocation for your requested doses** due to continued supply limits.

# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.



2



## Step 2: Create New First Dose Allocation Request

3. If you are requesting an allocation for first doses, select **First Dose COVID Allocation Request**.
4. Click **Next**.

New Service Request

Select a record type

Vaccine Transfer Request

Adult Flu Vaccine Request

**3**  COVID Allocation Request

Vaccine Return Request

**4**

*Reminder: Second doses for Pfizer and Moderna requests are automatically allocated to the requesting provider.*

# Step 3: Enter First Dose Allocation Information

## 5. Enter all mandatory information.

- Note: Submitted allocation requests inform allocation decisions, but **do not guarantee that you will receive an allocation for your requested doses** due to continued supply limits.

*Check this box if you want to receive ancillary supplies with your order*

*Check this box if you are willing to receive another vaccine presentation.*

Submit the number of first doses you can store and use in a **one-week period**

## 6. Click **Save**.

New Service Request: First Dose Allocation Request

First Dose Allocation **5** *Check this box if you want the CDC to direct the public to your facility for COVID-19 Vaccines*

\* Facility  
TX Test

Post my info in the CDC Vaccine Finder

I want to receive ancillary supplies

\* Presentation  
--None--

Willing to accept another manufacturer?

If Pfizer, do you need dry ice?

\* Number of doses requested ⓘ

\* Who you plan to vaccinate?  
--None--

Specify additional beneficial details ⓘ

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status  
Created

Cancel Save & New **Save**

# Step 3: Enter First Dose Allocation Information

New Service Request: First Dose Allocation Request

**First Dose Allocation**

\* Facility  
TX Test

Post my info in the CDC Vaccine Finder

I want to receive ancillary supplies

\* Presentation  
--None--

Willing to accept another manufacturer?

If Pfizer, do you need dry ice?

\* Number of doses requested ⓘ

\* Who you plan to vaccinate?  
--None--

Specify additional beneficial details ⓘ

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

Status  
Created

Cancel Save & New Save

\* Who you plan to vaccinate?

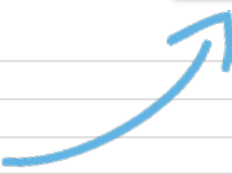
--None--

✓ --None--

Phase 1A - HCW

Phase 1A - LTCF Residents

Phase 1B - 65+ or Medical Condition



You will be asked who you plan to vaccinate, which will inform allocation decisions, but is not the only consideration.

\* Current quantity on hand: Moderna

\* Current quantity on hand: Pfizer

You will be asked to estimate the current quantity on hand of both Moderna and Pfizer supply. Please estimate the **quantity of doses in your supply**.



## Step 3: Enter First Dose Allocation Information

You will receive the following errors if you request a quantity of vaccine that is not in the correct pack size of the presentation you are requesting.

\* Number of doses requested ⓘ

50

Please submit Moderna orders in the correct pack size of multiples of 100.

*Moderna requests should be placed in multiples of 100.*

\* Number of doses requested ⓘ

50

Please submit Johnson & Johnson orders in the correct pack size of multiples of 100.

*Johnson & Johnson requests should be placed in multiples of 100.*

\* Number of doses requested ⓘ

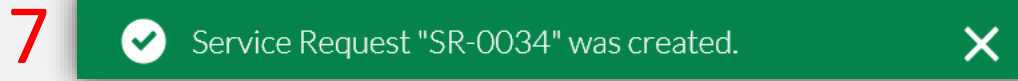
800

Please submit Pfizer orders in the correct pack size of multiples of 1170.

*Pfizer requests should be placed in multiples of 1,170.*

## Step 4: Review Service Request Information

7. You will receive a pop-up confirmation that the Service Request was created.



8. If you need to validate any information submitted in your allocation request, you can review Service Request information by selecting **VAOS Requests and Transfers** from the VAOS homepage.

Service Requests  
Order Requests ▾



*Note: the default here will be **Recently Viewed**. Select **Order Requests** to see all your service requests.*

13 items • Sorted by Service Request Name • Filtered by All service requests - Status, Record Type

	Service Request Name ↑	Record Type	Facility	Number ...	Number ...	Status
8	1 SR-0166	First Dose COVID Allocation Request	Texas Count...	200		Created

*Remember: the Service Request can only be viewed by the person who submitted the request.*

# Second Dose Ordering Process Change

As of Feb. 19, providers will no longer need to submit second dose allocation requests.

*Second dose allocations will automatically be scheduled for shipment to you based on your received first dose allocations. No provider action is required to receive second doses moving forward.*

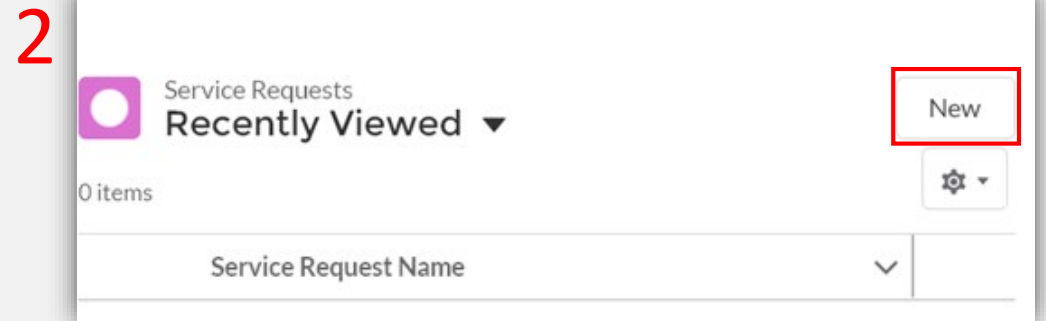
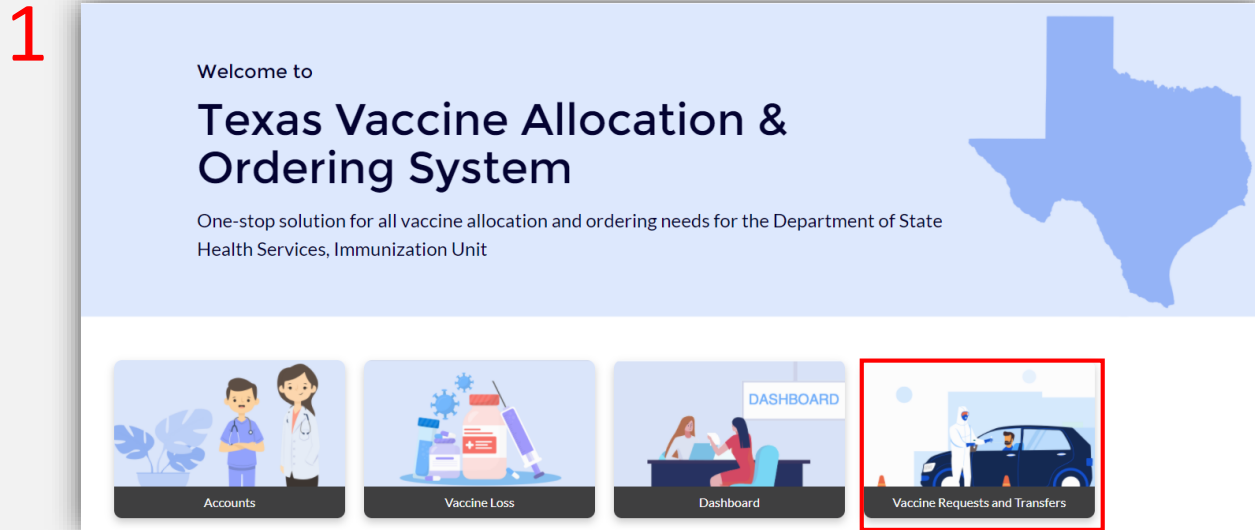
Providers should continue to submit first dose allocation requests on a weekly basis for the population they can vaccinate in a one-week timeframe.

# 2b: Requesting Flu Vaccine Allocations in VAOS



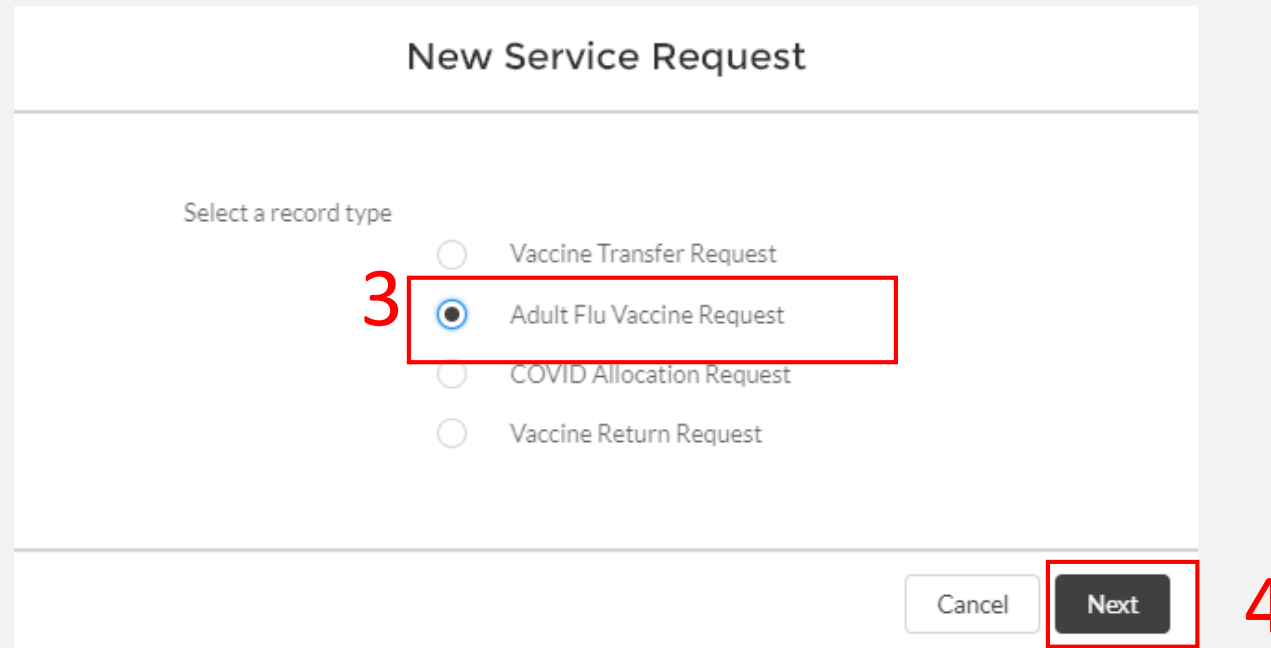
# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.



## Step 2: Create New Flu Allocation Request

3. If you are requesting an allocation for first doses, select **Adult Flu Vaccine Request**.
4. Click **Next**.



The screenshot shows a web form titled "New Service Request". Below the title is a section labeled "Select a record type" with four radio button options: "Vaccine Transfer Request", "Adult Flu Vaccine Request", "COVID Allocation Request", and "Vaccine Return Request". The "Adult Flu Vaccine Request" option is selected and highlighted with a red box, with a red number "3" next to it. At the bottom right of the form, there are two buttons: "Cancel" and "Next". The "Next" button is highlighted with a red box, and a red number "4" is placed to its right.

# Step 3: Enter Flu Request Information

5. Enter all mandatory information.

New Service Request: Adult Flu Vaccine Request

Adult Flu Vaccine

5 \*Facility

TX Test

Presentation

--None--

\*Number of doses requested ⓘ

Status

Created

FLULAVAL (Pre-filled Syringe)

AFLURIA (Pre-filled Syringe)

FLUZONE (Pre-filled Syringe)

FLUZONE (Multi-dose Vial)

FLUARIX (Pre-filled Syringe)

FLUCELVAX (Pre-filled Syringe)

FLUCELVAX (Multi-dose Vial)

Cancel Save & New Save 6

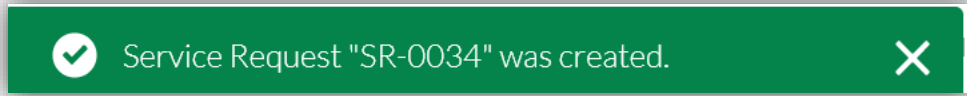
*You will be able to select your requested vaccine presentation from the Presentation drop-down.*

6. Click **Save**.

# Step 4: Review Service Request Information

7. You will receive a pop-up confirmation that the Service Request was created.

7



8. If you need to validate any information submitted in your allocation request, you can review Service Request information by selecting **VAOS Requests and Transfers** from the VAOS homepage.

8

Service Requests  
Order Requests

Note: the default here will be **Recently Viewed**. Select **Order Requests** to see all your service requests.

3 items • Sorted by Service Request Name • Filtered by All service requests - Status, Record Type

	Service Request Name ↑	Record Type	Facility	Number ...	Number ...	Status
1	SR-0166	Adult Flu Vaccine Request	Texas Count...		200	Created
2	SR-0167	COVID Allocation Request	Texas Count...	975		Created
3	SR-0174	COVID Allocation Request	TX Test	100		Created

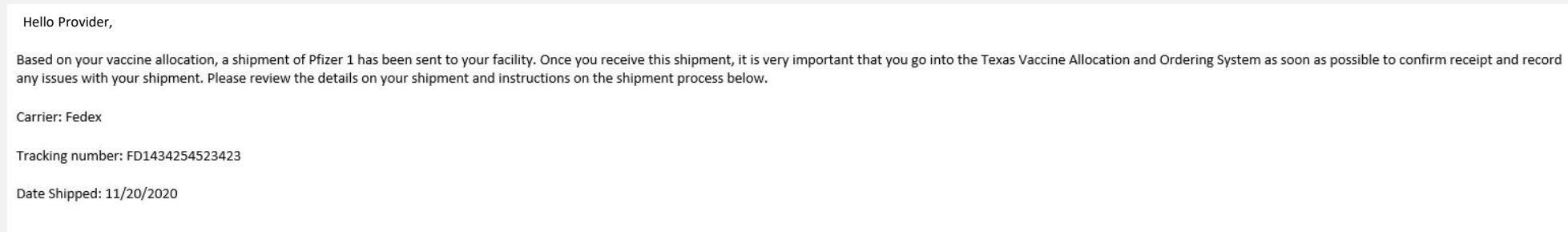


# 3: Confirming Shipment



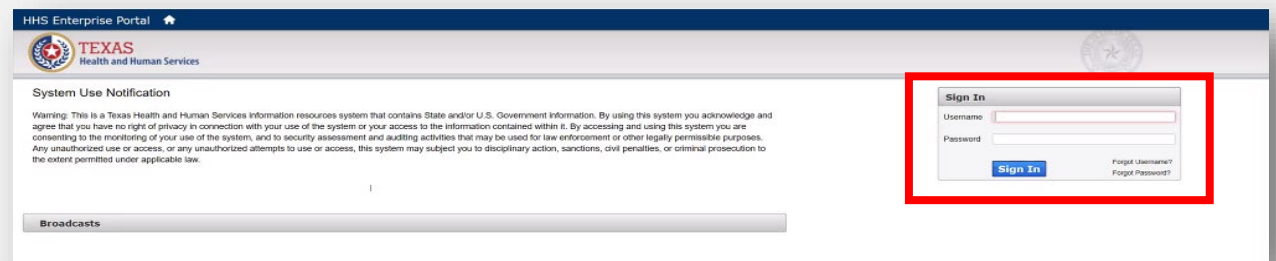
# Step 1: Receive Shipment Confirmation Email

1. Once a vaccine allocation has shipped, you will receive an email notification from **noreply@salesforce.com**.
2. Save this email—you may want to reference it once your shipment arrives.



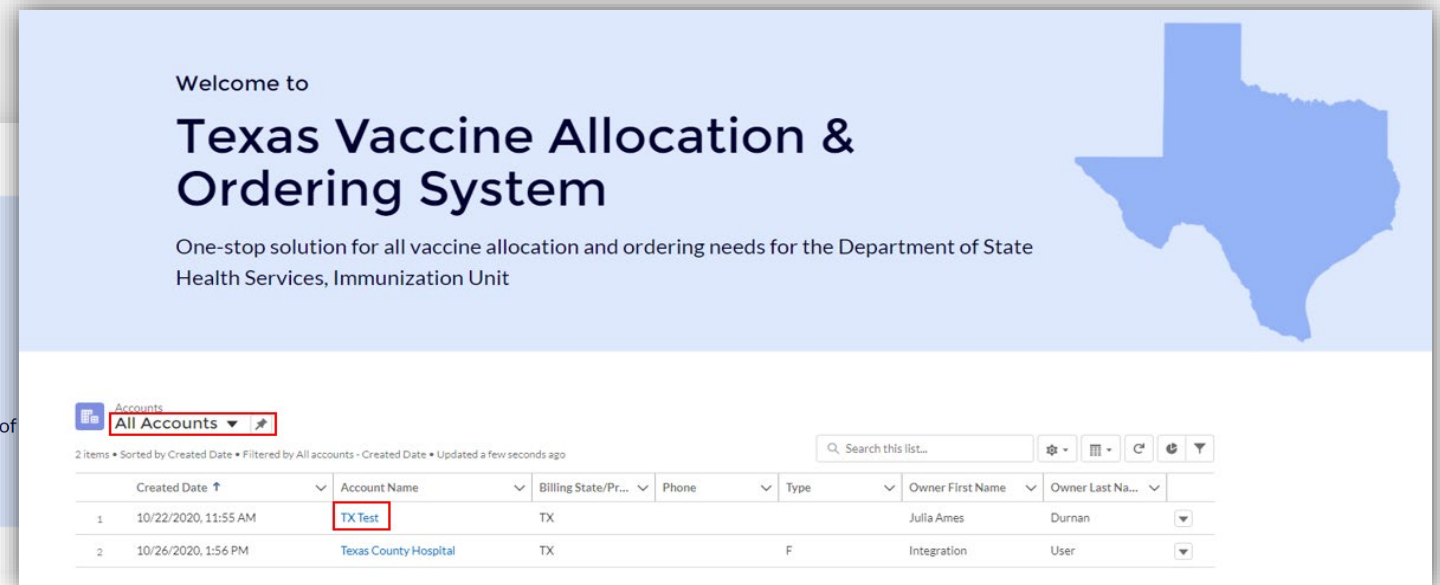
3. When **you receive your shipment**, locate the email for step-by-step instructions and log in to your Provider portal.

- <https://texasvaccines.dshs.texas.gov/>



# Step 2: Navigate VAOS to View Shipment

4. Log in to the Provider portal and navigate to the **Accounts** tab.
  - <https://texasvaccines.dshs.texas.gov/>
5. Select **All Accounts** from the drop-down list and select the facility that is receiving the shipment.

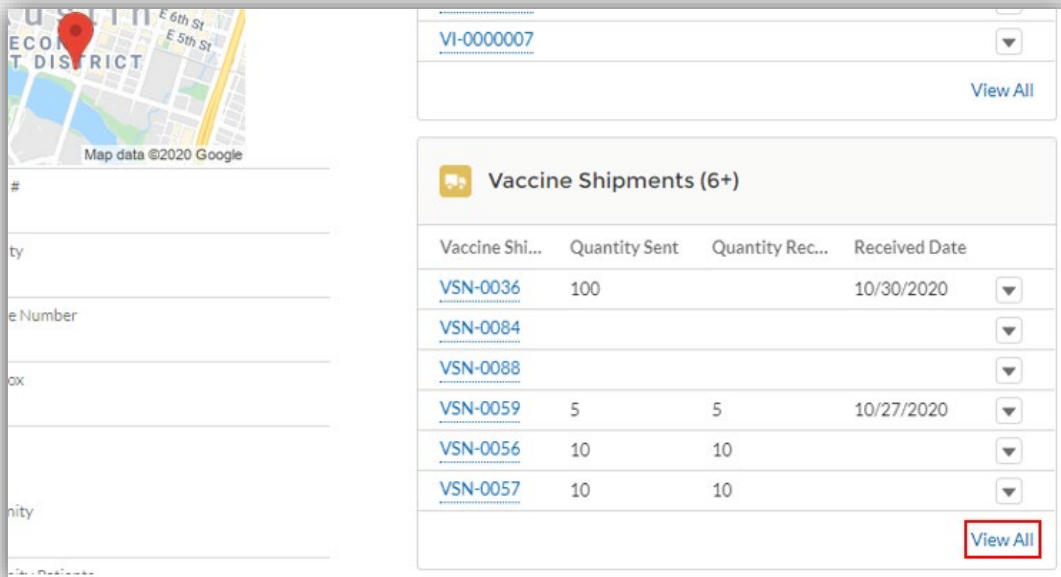


4

5

## Step 2: Navigate VAOS to View Shipment

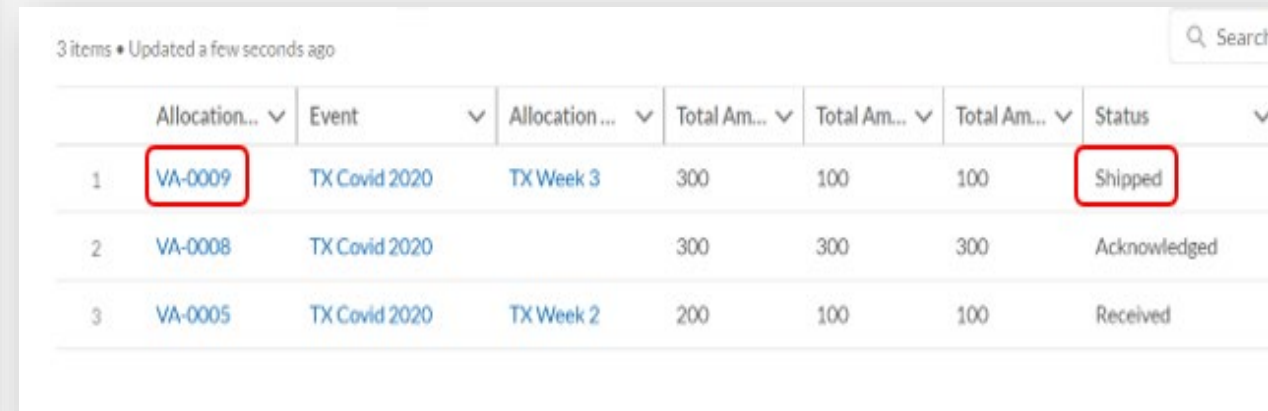
6. In the **Vaccine Shipments** box, click **View All**. You will be brought to a list where you may view the shipment status under **Status**.
7. Select the shipment to be confirmed from the list. You will be redirected to the **Vaccine Shipment Details** page.



The screenshot shows a web interface with a map on the left and a list of vaccine shipments on the right. The map displays a street grid with a red location pin. The shipment list is titled "Vaccine Shipments (6+)" and includes columns for "Vaccine Shi...", "Quantity Sent", "Quantity Rec...", and "Received Date". A "View All" button is located at the bottom right of the list.

Vaccine Shi...	Quantity Sent	Quantity Rec...	Received Date
<a href="#">VSN-0036</a>	100		10/30/2020
<a href="#">VSN-0084</a>			
<a href="#">VSN-0088</a>			
<a href="#">VSN-0059</a>	5	5	10/27/2020
<a href="#">VSN-0056</a>	10	10	
<a href="#">VSN-0057</a>	10	10	

6



The screenshot shows a table with 3 items, updated a few seconds ago. The table has columns for "Allocation...", "Event", "Allocation...", "Total Am...", "Total Am...", "Total Am...", and "Status". The first row is highlighted with a red box around the "VA-0009" ID and the "Shipped" status.

	Allocation...	Event	Allocation...	Total Am...	Total Am...	Total Am...	Status
1	<a href="#">VA-0009</a>	TX Covid 2020	TX Week 3	300	100	100	Shipped
2	<a href="#">VA-0008</a>	TX Covid 2020		300	300	300	Acknowledged
3	<a href="#">VA-0005</a>	TX Covid 2020	TX Week 2	200	100	100	Received

7

# Step 3: Confirm Shipment

- 8. Review and verify accurate shipment information.
- 9. In the **Delivery Information** section, click the **Received?** checkbox and complete the requested fields.

Vaccine Shipment  
VSN-0084

DETAILS RELATED

Vaccine Manufacturer  
Pfizer

Vaccine Name  
COVID Adult

vaccineDescription  
Vaccine for COVID

Vaccine Shipment Number  
VSN-0084

Facility  
[TX Test](#)

Intimated Staff  
[Test Multiple](#)

Unit of Measure  
Doses

Request Date

Inventory update after inspection

Inventory update after Shipment received

▼ Delivery Information

Delivery Number

Delivery Line Number

Received By First Name

Received By

Received By Last Name

Received Date

Quantity Received

Received?

Quantity Sent  
100

9

# Step 3: Confirm Shipment

10. In the **Quantity Received** section, enter the number of *doses* received, not vials.
  - *Don't forget Pfizer has 6 doses/vial.*
11. In the **Inspection Details** section, enter information for missing or damaged doses.
12. Click **Save** to confirm receipt of the shipment.

10

11

The screenshot shows a web form for confirming a shipment. It is divided into two main sections: 'Delivery Information' and 'Inspection Details'. The 'Delivery Information' section includes fields for 'Delivery Number' (123123), 'Delivery Line Number', 'Received By First Name', 'Received By Last Name', 'Received By' (Primary Six), 'Received Date' (11/20/2020), 'Quantity Received' (200), 'Quantity Sent' (200), and a 'Received?' checkbox (checked). The 'Inspection Details' section includes 'Doses Passing Inspection' (180), 'Doses Failed Inspection' (20), 'Description' (Temperature compromised in one box), and 'Failed Inspect./Order Discrepancy Reason' (Provider received the order with questionable temp...). Red boxes highlight the 'Quantity Received' field and the 'Inspection Details' section. Red numbers '10' and '11' are placed to the left of these highlights.

Delivery Information	
Delivery Number	123123
Delivery Line Number	
Received By First Name	
Received By Last Name	
Received By	Primary Six
Received Date	11/20/2020
Quantity Received	200
Quantity Sent	200
Received?	<input checked="" type="checkbox"/>

Inspection Details	
Doses Passing Inspection	180
Doses Failed Inspection	20
Description	Temperature compromised in one box
Failed Inspect./Order Discrepancy Reason	Provider received the order with questionable temp...

# Step 3: Confirm Shipment

If you do not confirm receipt of your shipment in VAOS within 24 hours of receipt, you will receive a reminder email to confirm your shipment. If you receive an email reminder to confirm receipt, but you did not receive a shipment, please email [COVID19VacShipments@dshs.texas.gov](mailto:COVID19VacShipments@dshs.texas.gov) as soon as possible to inform them that your shipment has not arrived.

Dear Provider,

A shipment of 10 Moderna doses sent to Test Facility yesterday 1/26. If you have received your shipment, please go into the Texas Vaccine Allocation and Ordering System (VAOS) at <https://texasvaccines.dshs.texas.gov> as soon as possible to confirm receipt of your shipment.

If you have not yet received your shipment, please email [COVID19VacShipments@dshs.texas.gov](mailto:COVID19VacShipments@dshs.texas.gov) as soon as possible to inform them that your shipment has not arrived.

**Next Steps to Confirm Receipt**

- Login to VAOS to view details of the shipments, which can be found on your Account page under “Vaccine Shipments”
- If you have received your shipment, your Primary or Backup Vaccine Coordinators must login to VAOS to **confirm receipt of the shipment**
  - Please see the following resources on confirming shipments:
    - [VAOS Provider Training Guide](#)
    - [Confirming Shipments video](#)
- **Begin vaccinations as soon as possible** after your facility receives your shipment of COVID-19 vaccines
- **Report doses administered to ImmTrac2 and doses wasted to VAOS within 24 hours**

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For questions about COVID-19 orders or the Vaccine Ordering and Management system, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov).

Thank you.



Texas Department of State  
Health Services

# Step 4: View Shipment Confirmation

13. The **Vaccine Allocation** details bar will now display the shipment as **Received**.

The screenshot displays the 'Vaccine Allocation' details for VA-0002. At the top, a progress bar shows a sequence of steps: four green steps with checkmarks, followed by a blue step labeled 'Received' which is highlighted with a red box, and then 'Rejected' and 'Expired' steps in grey. Below the progress bar, the details are organized into two columns. The left column lists: Allocation Number (VA-0002), Intimated Staff (Julia Durman), Allocation Group (Test 10/22), Event (COVID-19 Test), NDC (19515-0906-54), and Facility (TX Test). The right column lists: Status (Received), Due Date (10/30/2020, 12:00 PM), Total Amount Requested (100.00), Formula Allocation Amount (100), Total Amount Allocated (100.00), and Total Amount Accepted (100.00). On the right side, there is a 'Vaccine Shipments (1)' table with the following data:

Vaccine Shi...	Received?	Qua
<a href="#">VSN-0084</a>	<input checked="" type="checkbox"/>	100



# 4: Request to Transfer Vaccines in VAOS



# Request to Transfer Vaccine

Before requesting to transfer vaccines, note that it is the responsibility of the *Transferring Provider* to ship or physically transport the vaccine while maintaining the cold chain. *Transferring Providers* are also responsible for any costs incurred in transferring vaccines.



Vaccine Arrival at  
Provider Facility



Vaccine Storage &  
Handling at  
Provider Facility



*Transferring  
Provider Ships or  
Transports  
Vaccine*



Vaccine  
Administration at  
*Receiving  
Provider Facility*



*Transferring Provider responsible for maintaining the cold chain*



Before requesting a transfer, **verify that the facility you want to receive the vaccine is an approved COVID-19 Vaccine Provider.** COVID-19 vaccines may only be transferred to an approved COVID-19 Vaccine Provider.

# Request to Transfer Vaccine

To prepare for submitting a vaccine transfer request in VAOS, make sure you have this information ready:



✓ Transferring Provider info  
(your information)



✓ Vaccine Type



✓ Receiving Provider  
Organization Name and PIN



✓ Lot ID for the vaccine  
you want to transfer



✓ Reason for transfer

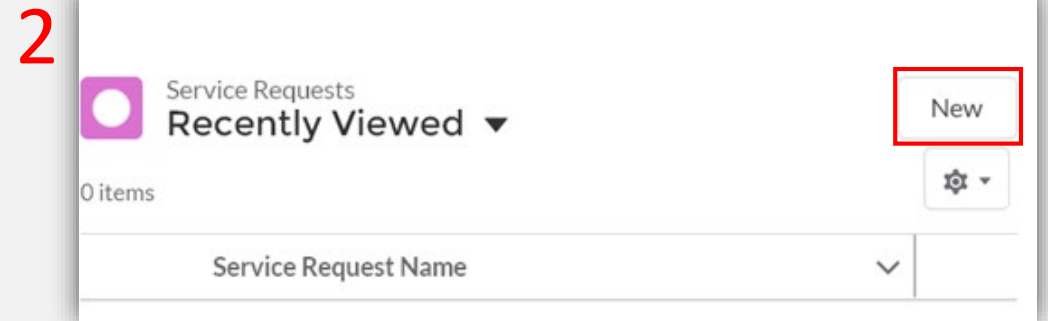
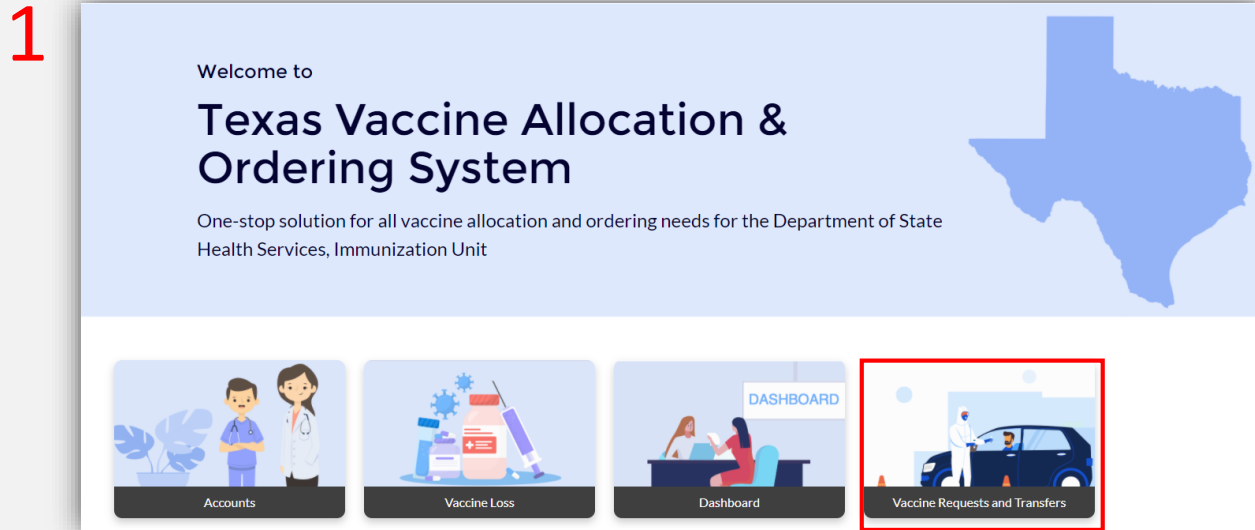


✓ Dose Quantity to  
transfer

Before submitting a request to transfer, you should coordinate with the *Receiving Provider* or facility so that you can submit their correct information— **including their Provider PIN.**

# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.



## Step 2: Create Vaccine Transfer Request

3. Select **Vaccine Transfer Request**.
4. Click **Next**.

New Service Request

Select a record type

Vaccine Transfer Request

Adult Flu Vaccine Request

COVID Allocation Request

Vaccine Return Request

Cancel Next

3

4

# Step 3: Enter Transfer Request Information

## 5. Enter all mandatory information.

Vaccine transfer requests require a *Receiving Provider PIN*. Providers can find their Provider PINs on the **Account Details** page in VAOS.

The *Inventory Record* field refers to the Lot ID for the vaccine you want to transfer.

You will not be able to request to transfer more doses than your facility has available under the Lot ID.

You can verify the number of doses you have under a Lot ID by searching for the Lot ID. (see next page for instructions)

New Service Request: Vaccine Transfer Request

John Doe

Status  
New

\*Service Request Reason  
Transfer Vaccine

\*Transferring provider  
TX Test

\*Receiving provider PIN  
0000

\*Receiving Provider Organization Name  
Texas County Hospital

\*Reason for transfer  
Other: I want to transfer vaccine doses to a partner or...

Additional Details

Other

\*Vaccine Type  
Pfizer 1

\*Inventory Record  
VI-000042

\*Quantity to transfer  
200

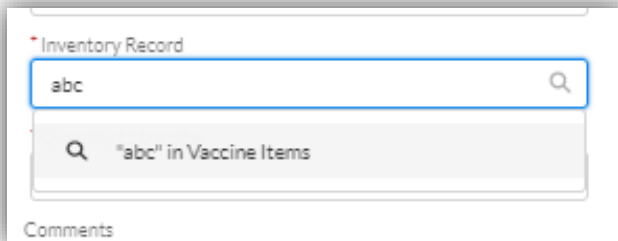
Comments

Approved

Cancel Save & New Save

# Step 3: Enter Transfer Request Information

6



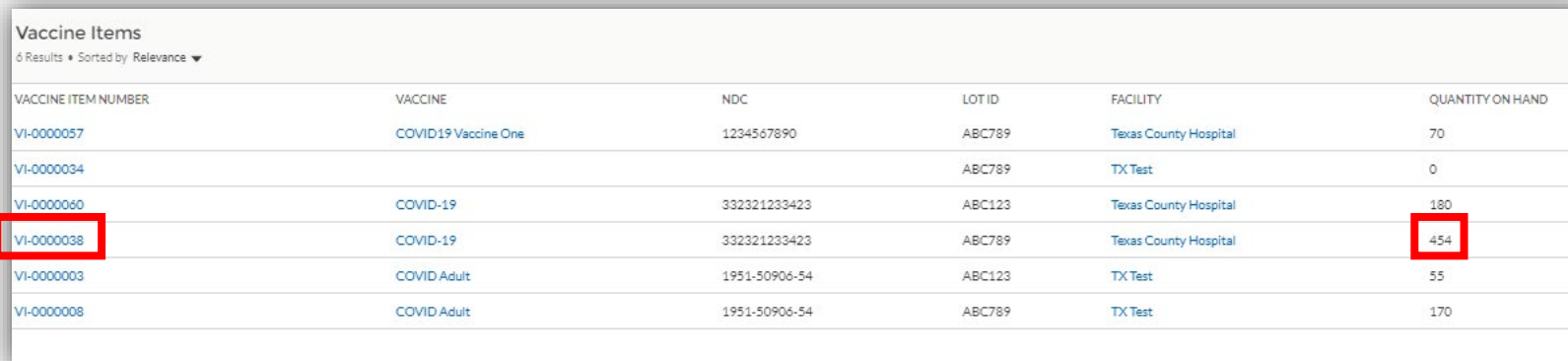
Inventory Record

Search results: "abc" in Vaccine Items

Comments

6. To search for the inventory record, start by typing the Lot ID in the field. The associated *Inventory Record*, if available, will appear in the search results below. Select it.

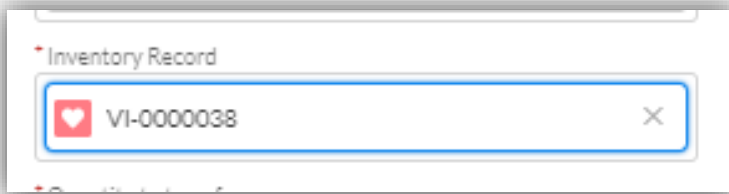
7



VACCINE ITEM NUMBER	VACCINE	NDC	LOT ID	FACILITY	QUANTITY ON HAND
VI-0000057	COVID19 Vaccine One	1234567890	ABC789	Texas County Hospital	70
VI-0000034			ABC789	TX Test	0
VI-0000060	COVID-19	332321233423	ABC123	Texas County Hospital	180
<b>VI-0000038</b>	COVID-19	332321233423	ABC789	Texas County Hospital	<b>454</b>
VI-0000003	COVID Adult	1951-50906-54	ABC123	TX Test	55
VI-0000008	COVID Adult	1951-50906-54	ABC789	TX Test	170

7. Select the inventory item you wish to transfer and note the *Quantity On Hand* for that Lot ID. You will not be able to request to transfer more doses than is listed here.

8



Inventory Record

8. Your selection will populate in the *Inventory Record* field back on the *Vaccine Transfer Request* page.

# Step 3: Enter Transfer Information

9. After completing all mandatory information, click **Save**.

Remember, you cannot request to transfer more doses than are available under your selected Lot ID.

New Service Request: Vaccine Transfer Request

John Doe

Status  
New

\* Service Request Reason  
Transfer Vaccine

\* Transferring provider  
TX Test

\* Receiving provider PIN  
0000

\* Receiving Provider Organization Name  
Texas County Hospital

\* Reason for transfer  
Other: I want to transfer vaccine doses to a partner or...

Additional Details

\* Vaccine Type  
Pfizer 1

\* Inventory Record  
VI-0000042

\* Quantity to transfer  
200

Comments

Approved

Cancel Save & New Save



# Step 4: CDC Redistribution Form

When you fill out the required CDC Redistribution Form for transfers between facilities, you can now utilize *DocuSign* to sign the form electronically. No printing and scanning needed!

**Did you know...?**

The CMO and CEO Signatures on the CDC form must match the names you have listed in the **CEO and CMO Information tab** in VAOS!

*redistribution efforts.*

*By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.*

Organization Medical Director (or Equivalent)		
Last name: cmo	First name: test	Middle initial:
Signature: CMO Signature		Date:
Chief Executive Officer (Chief Fiduciary Role)		
Last name: Ceo	First name: Test	Middle initial:
Signature: CEO Signature		Date:

# Reminders for new eSignature Process:



If you have the same contact listed for your CEO and CMO, they will have to sign and submit the DocuSign form **twice** for it to be reviewed.



You can change your CEO and CMO contacts in your Provider Enrollment by emailing [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov).



Only the VAOS user who submitted the transfer request can view that request and its status.



You can **check the status** of your DocuSign signature under the VAOS “Service Requests” view.



Your transfer request will be denied if the CDC Redistribution form is **not properly signed and completed** by your CEO and CMO.

# DocuSign Status in Transfer Service Requests

DocuSign Status	Definition
No Status (blank)	No document has been sent for signature
Sent	Document has been sent for signature, but not yet opened by both parties
Delivered	Document has been viewed by both parties, but not yet signed
Completed	Document has been signed by both parties

# Step 5: Receive Email Notifications

10. After the request to transfer is submitted, DSHS will review the request. The **requesting person at the *Transferring Provider* will receive an email** once the request has either been **approved or denied**.

10

Dear Provider,

Thank you for your transfer request submission. Your request to transfer 50 doses of COVID Adult from VO Test Provider to Person Test has been **approved**.

As the transferring provider, **you are responsible for the physical transfer of the approved doses to Person Test**. You can view the relevant details of your vaccine transfer, including the address and contact information for the receiving provider, in the Texas Vaccine Allocation and Ordering System (VAOS) at (<https://texasvaccines.dshs.texas.gov>).

**Next Steps:**

1. In VAOS, navigate to Service Requests and download Vaccine Transfer form to view relevant details for the receiving provider
2. Contact the receiving provider to coordinate the transfer of doses
3. Ship or otherwise physically transfer doses to the receiving provider as soon as possible

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For any questions related to COVID-19 orders, or technical questions on how the Vaccine Ordering and Management system operates, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

# Step 6: Receive Email Notifications

11. If approved, the **primary & backup vaccine coordinators at the *Receiving Provider*** will also receive an email notification.

11

Dear Provider,

A request to transfer 100 doses of Moderna from Place 1 to Place 2 has been **approved**.

As the receiving provider, **you are responsible for supporting the coordination of the physical transfer of the approved doses to [receiving provider account name]**. You can view the relevant details of your vaccine transfer in the Texas Vaccine Allocation and Ordering System (VAOS) at <https://texasvaccines.dshs.texas.gov>. **No action is required to confirm receipt of this transfer, your inventory will be updated automatically.**

#### Next Steps

- Login to VAOS to view details of the transfer, which can be found under “Vaccine Shipments”
- **Begin vaccinations as soon as possible** after your facility receives your transfer of COVID-19 vaccines
- **Report doses administered to ImmTrac2 and doses wasted to VAOS within 24 hours**

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

For questions about COVID-19 orders or the Vaccine Ordering and Management system, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov).

Thank you.

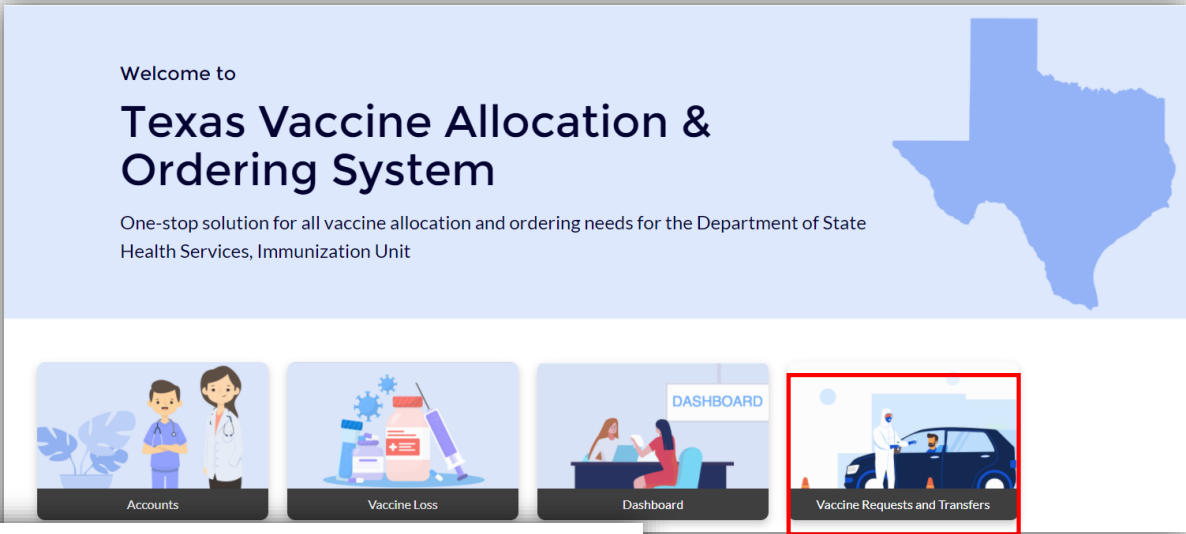


*Receiving Providers* do not need to confirm receipt of the transfer in VAOS. The inventory will update automatically.

# Step 7: Access Receiving Provider Information

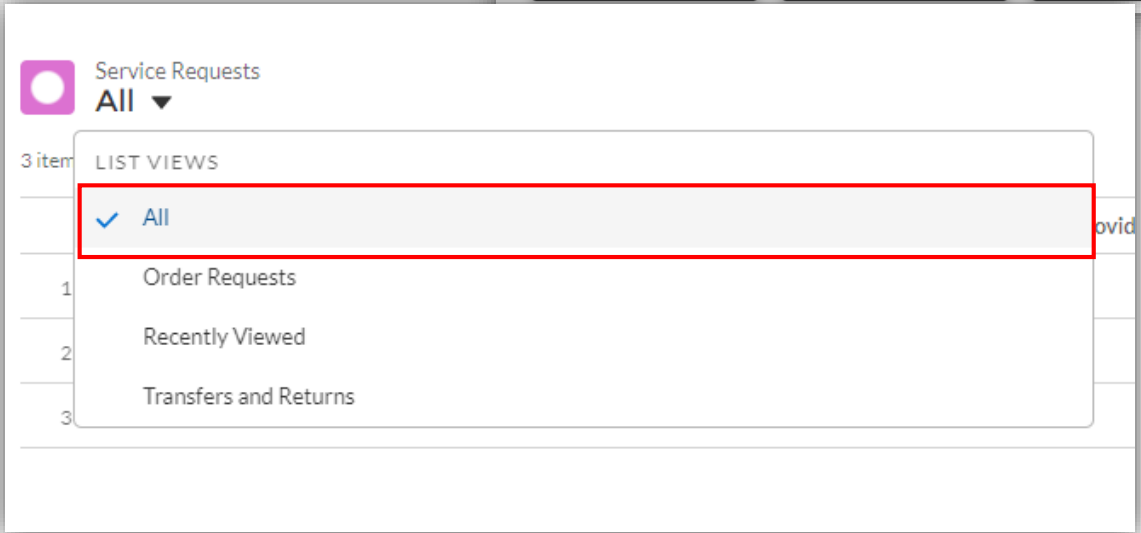
12. To view information for the *Receiving Provider*, Navigate to VAOS and click **Vaccine Requests and Transfers** to view your Service Requests.

12



13. Select **All**.

13



# Step 7: Access Receiving Provider Information

14. Select the relevant *Vaccine Transfer Request*.

Service Requests  
All ▾

3 items • Sorted by Service Request Name • Filtered by All service requests

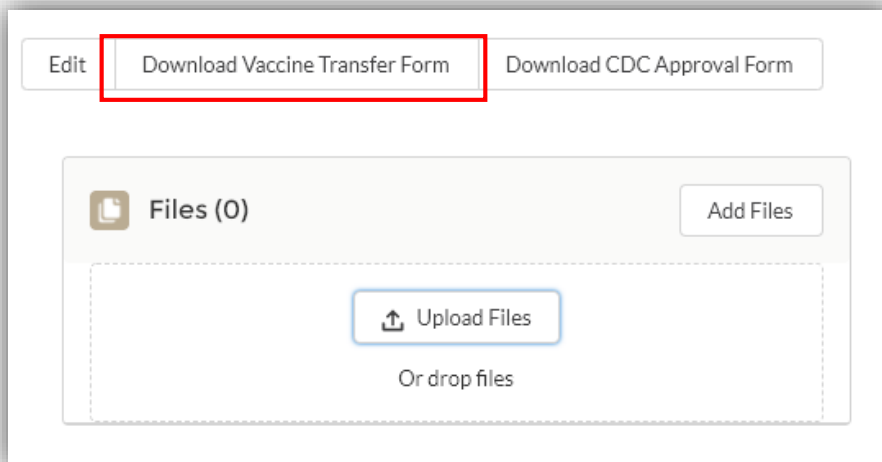
New  
⚙ ▾

	Service Request Name ↑ ▾	Record Type ▾	Transferring provider ▾	Quantity to transfer ▾	Facility ▾	Number of doses req... ▾	
1	SR-0034	First Dose Allocation Request			TX Test	200	▾
2	SR-0038	Vaccine Transfer Request	TX Test	450			▾
3	SR-0044	Vaccine Return Request	TX Test	200			▾

# Step 7: Access Receiving Provider Information

15. In the **Files** section, click **Download Vaccine Transfer form**.

15



**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

**Guidance:**  
Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**  
The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)**  
In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

<b>Vaccine Transferring From:</b>	<b>Vaccine Transferring To:</b>	<b>Reason for Transferring Request:</b>
PIN/Customer ID: A300425	PIN/Customer ID: 111119	Other: I can't use all the vaccines doses allocated to me
Facility Name: TX Test	Facility Name: Person Test	
Address: 100 Congress Avenue	Address: 123 Main St., 100	
City/State/Zip: Austin/TX/78701/United States	City/State/Zip: Austin/TX/78700/Travis	
Phone: [REDACTED]	Phone: 1231231234	
Fax: [REDACTED]	Fax: [REDACTED]	
Contact: John Doe	Contact: [REDACTED]	
Email: test123@gmail.com	Email: [REDACTED]	

**Texas COVID-19 Vaccine Transfer Authorization Form**

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

Texas Department of State Health Services Immunization Unit Form No. EC-67



# Step 7: Access Receiving Provider Information

22. Review the Vaccine Transfer Authorization Form to find the *Receiving Provider* shipping and contact information.

**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

**Guidance:**  
Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**  
The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)**  
In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

<b>Vaccine Transferring From:</b> PIN/Customer ID: <u>A300425</u> Facility Name: <u>TX Test</u> Address: <u>100 Congress Avenue</u> City/State/Zip: <u>Austin/TX/78701/United States</u> Phone: <u>[REDACTED]</u> Fax: <u>[REDACTED]</u> Contact: <u>John Doe</u> Email: <u>test123@gmail.com</u>	<b>Vaccine Transferring To:</b> PIN/Customer ID: <u>111119</u> Facility Name: <u>Person Test</u> Address: <u>123 Main St., 100</u> City/State/Zip: <u>Austin/TX/78700/Travis</u> Phone: <u>1231231234</u> Fax: <u>[REDACTED]</u> Contact: <u>[REDACTED]</u> Email: <u>[REDACTED]</u>	<b>Reason for Transferring Request:</b> Other: I can't use all the _____ doses allocated to _____
---	--	--

**Texas COVID-19 Vaccine Transfer Authorization Form**

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

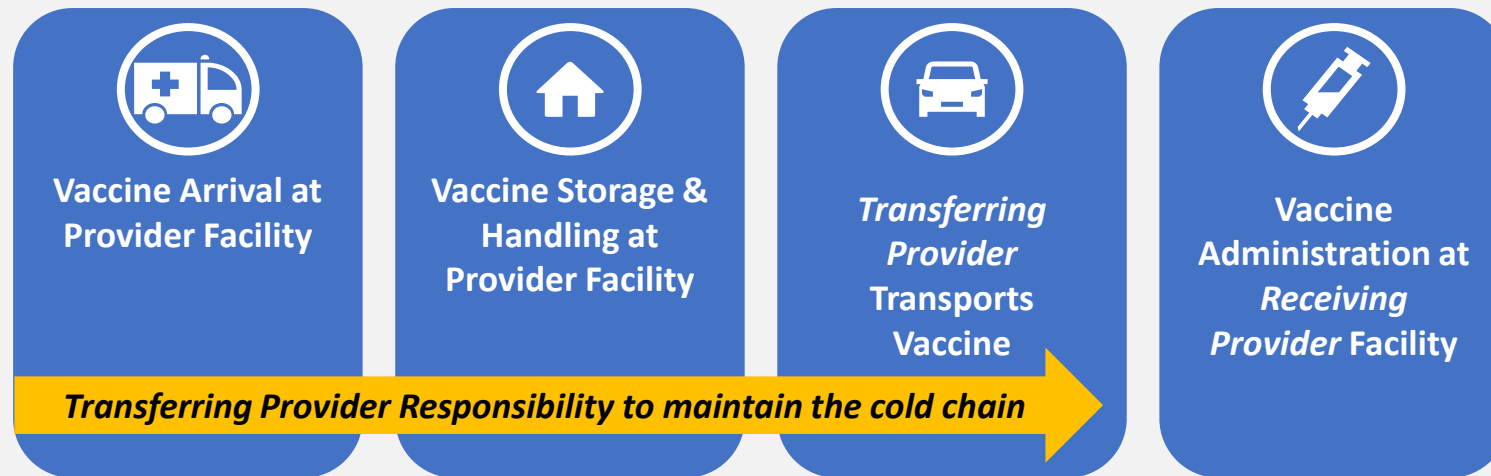
Texas Department of State Health Services Immunization Unit Form No. EC-67

22

<b>Vaccine Transferring From:</b> PIN/Customer ID: <u>A300425</u> Facility Name: <u>TX Test</u> Address: <u>100 Congress Avenue</u> City/State/Zip: <u>Austin/TX/78701/United States</u> Phone: <u>[REDACTED]</u> Fax: <u>[REDACTED]</u> Contact: <u>John Doe</u> Email: <u>test123@gmail.com</u>	<b>Vaccine Transferring To:</b> PIN/Customer ID: <u>111119</u> Facility Name: <u>Person Test</u> Address: <u>123 Main St., 100</u> City/State/Zip: <u>Austin/TX/78700/Travis</u> Phone: <u>1231231234</u> Fax: <u>[REDACTED]</u> Contact: <u>[REDACTED]</u> Email: <u>[REDACTED]</u>
---	--

## Step 8: Coordinate Transfer of Vaccine

16. Contact the *Receiving Provider* and coordinate the transfer of vaccines. Ship or otherwise physically transport the approved amount of doses to the *Receiving Provider* using proper vaccine storage and handling. **Remember:** it is the responsibility of the *Transferring Provider* to practice proper vaccine storage & handling and maintain the cold chain.



COVID-19 vaccines may only be transferred to an **approved COVID-19 Vaccine Provider**.

# 4: Request to Return Vaccines in VAOS



# Returning Vaccine Responsibilities

Before requesting to return vaccines, note that it is the *Requesting Provider's* responsibility to ship or physically transport the vaccine to its next location while maintaining the cold chain. *Transferring Providers* are also responsible for any costs incurred in transferring vaccines.



Vaccine Arrival at  
Provider Facility



Vaccine Storage &  
Handling at Provider  
Facility



*Transferring Provider*  
Ships or Transports  
Vaccine



Vaccine  
Administration at  
*Receiving Provider*  
Facility



***Transferring Provider Responsibility to maintain the cold chain***

# Requesting to Return Vaccine

To prepare to submit a vaccine return request in VAOS, make sure you have this information ready:



✓ Transferring Provider info  
(your information)



✓ Reason for Return



✓ Vaccine Type



✓ Lot ID for the vaccine you  
want to return



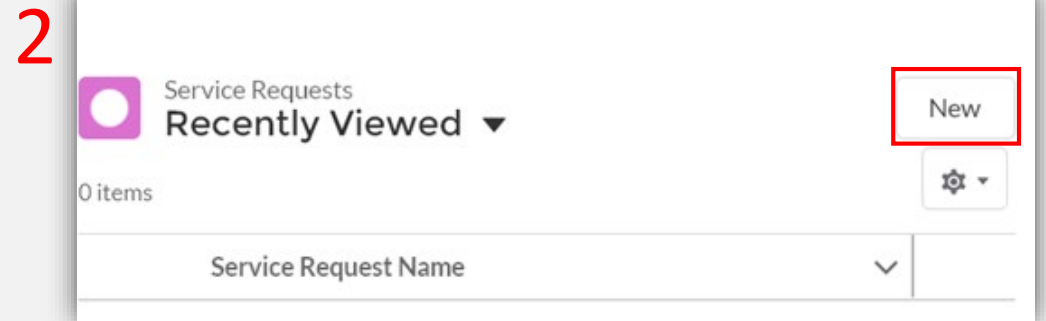
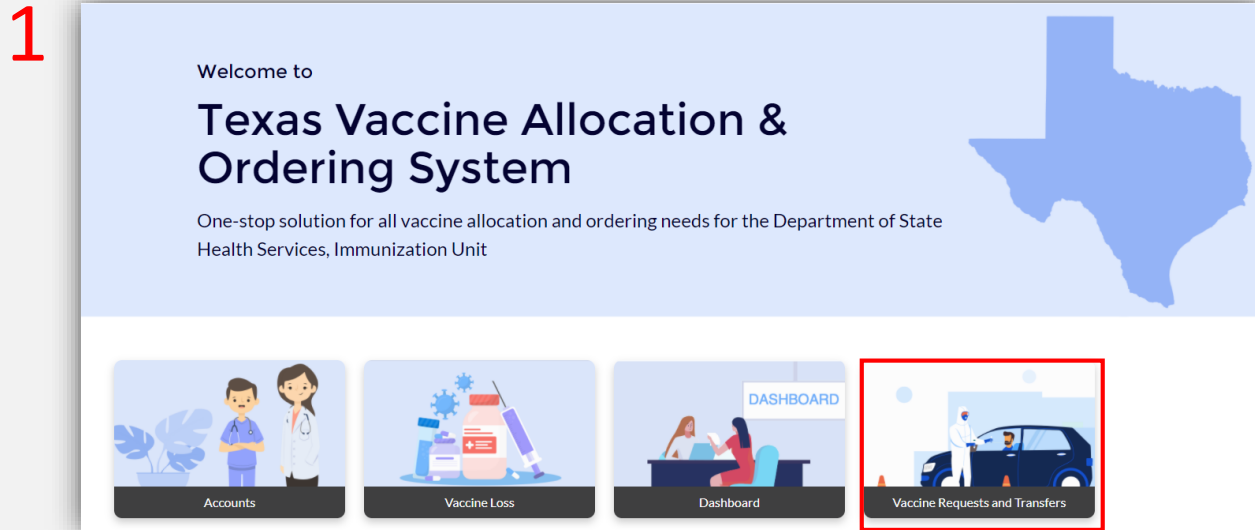
✓ Dose Quantity to return

If your request to return vaccines is approved, DSHS will provide you with the information for a **Receiving Provider**.

**You will be responsible for transferring the approved vaccines to the Receiving Provider.**

# Step 1: Navigate to the VAOS Provider Portal

1. Log into VAOS at <https://texasvaccines.dshs.texas.gov/> and navigate to the **Vaccine Requests and Transfers** tab.
2. Click **New**.



## Step 2: Create New Service Request

3. Select **Vaccine Return Request**.
4. Click **Next**.

### New Service Request

Select a record type

- Vaccine Transfer Request
- Adult Flu Vaccine Request
- COVID Allocation Request
- Vaccine Return Request

3

4

# Step 3: Enter Return Request Information

## 5. Enter all mandatory information.

You must choose a reason for return

The vaccine type on your return request must match the type in the Lot ID.

You will not be able to request to return more doses than your facility has available under the Lot ID.

You can verify the number of doses you have under a Lot ID by searching for the Lot ID. *(see next page for instructions)*

New Service Request: Vaccine Return Request

Information

Service Request Name

Status  
New

\* Transferring provider  
TX Test

\* Reason for transfer  
Other: I can't store all the vaccine doses allocated to me

Other

\* Vaccine Type  
Pfizer 1

\* Inventory Record  
VI-000042

\* Quantity to transfer  
100

Comments

Approved

Owner  
John Doe

\* Service Request Reason  
Return

Additional Details

Cancel Save & New Save



# Step 3: Enter Return Request Information

6

Inventory Record

  
"abc" in Vaccine Items

6. To search for the inventory record, start by typing the Lot ID in the field. The associated *Inventory Record*, if available, will appear in the search results below. Select it.

7

VACCINE ITEM NUMBER	VACCINE	NDC	LOT ID	FACILITY	QUANTITY ON HAND
VI-0000057	COVID19 Vaccine One	1234567890	ABC789	Texas County Hospital	70
VI-0000034			ABC789	TX Test	0
VI-0000060	COVID-19	332321233423	ABC123	Texas County Hospital	180
<b>VI-0000038</b>	COVID-19	332321233423	ABC789	Texas County Hospital	<b>454</b>
VI-0000003	COVID Adult	1951-50906-54	ABC123	TX Test	55
VI-0000008	COVID Adult	1951-50906-54	ABC789	TX Test	170

7. Select the inventory item you wish to transfer and note the *Quantity On Hand* for that Lot ID. You will not be able to request to return more doses than is listed here.

8

Inventory Record

8. Your selection will populate in the *Inventory Record* field back on the *Vaccine Return Request* page.

# Step 3: Enter Return Request Information

9. After completing all mandatory information, click **Save**.

Remember, you cannot request to return more doses than are available under your selected Lot ID.

New Service Request: Vaccine Return Request

**Information**

Service Request Name

Owner  
John Doe

Status  
New

\* Service Request Reason  
Return

\* Transferring provider  
TX Test

Additional Details

\* Reason for transfer  
Other: I can't store all the vaccine doses allocated to me

Other

\* Vaccine Type  
Pfizer 1

\* Inventory Record  
VI-000042

\* Quantity to transfer  
100

Comments

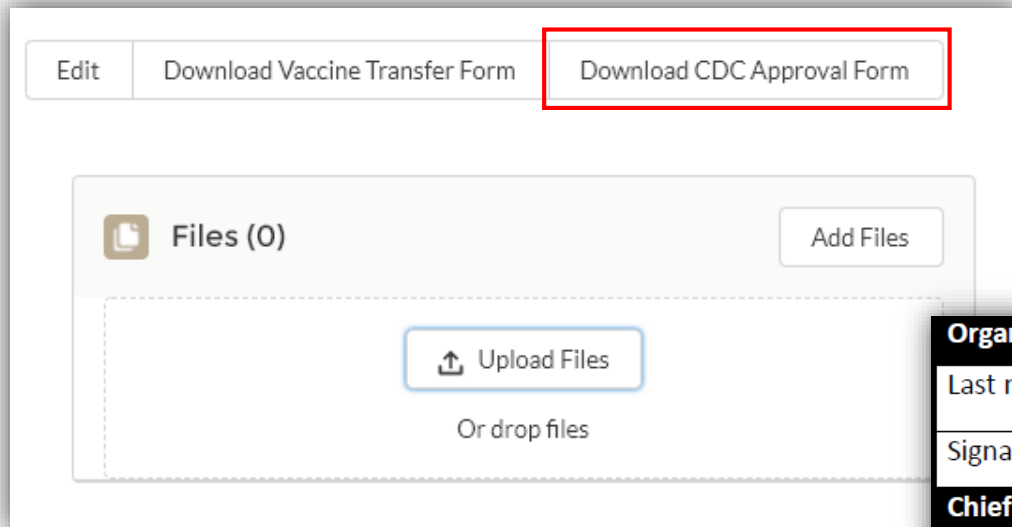
Approved

Cancel Save & New **Save**

# Step 4: Download and Complete CDC Approval Form

10. Click **Download CDC Approval Form**. You must submit a signed CDC Approval Form for every return request.

10



11

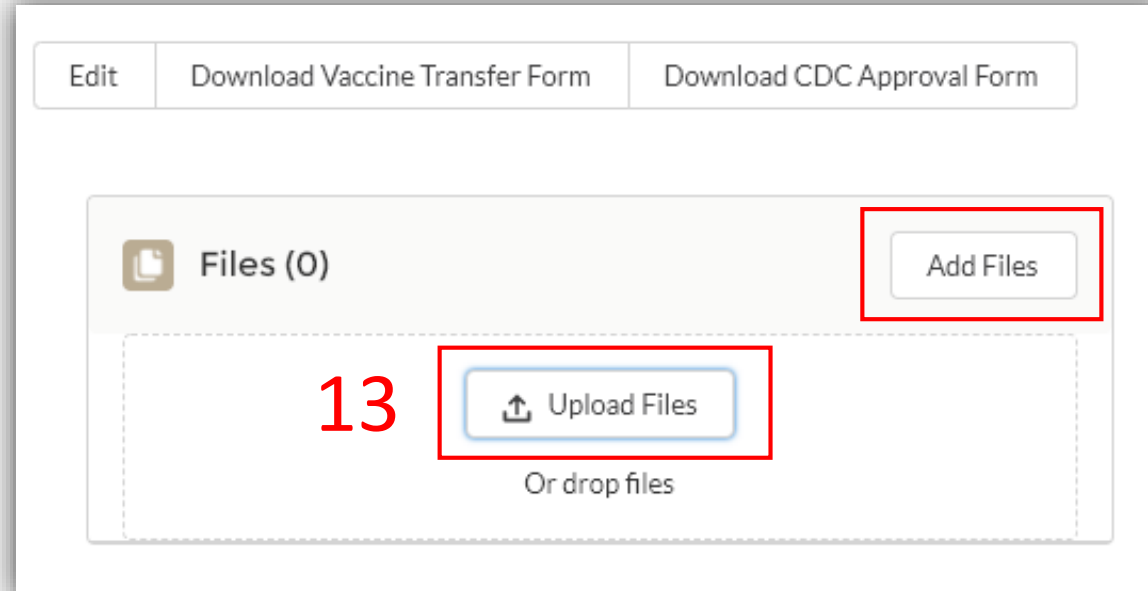
Organization Medical Director (or Equivalent)		
Last name	First name	Middle initial
Signature:		Date:
Chief Executive Officer (Chief Fiduciary Role)		
Last name	First name	Middle initial
Signature:		Date:

11. Review & complete the form carefully. The information you provide on the form should match the information for your VAOS Provider account. Your Organization Medical Director (or Equivalent) and Chief Executive Officer (Chief Fiduciary Role) must sign the form.

## Step 5: Upload and Submit CDC Approval Form

12. After obtaining the appropriate signatures, upload the completed form into VAOS. To do this, click **Add Files**.

13. Click **Upload Files**.

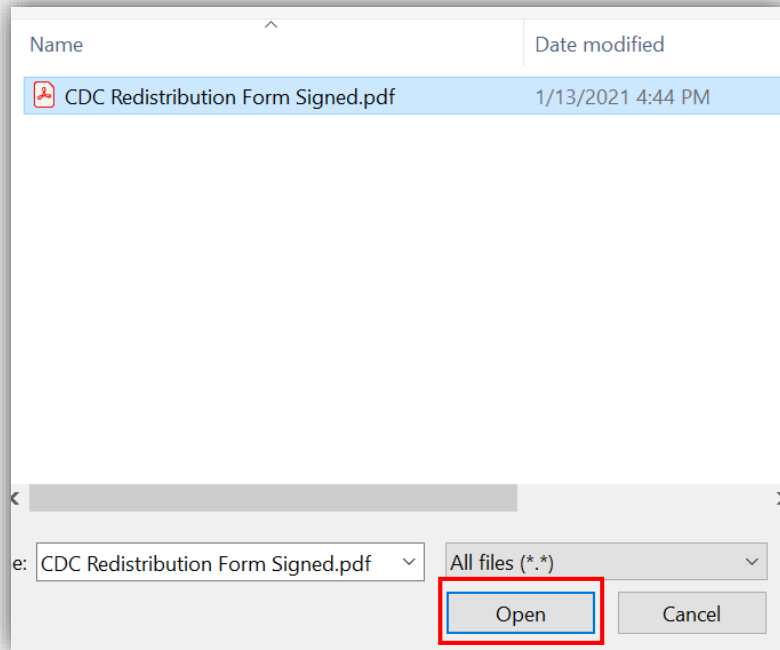


12

# Step 5: Upload and Submit CDC Approval Form

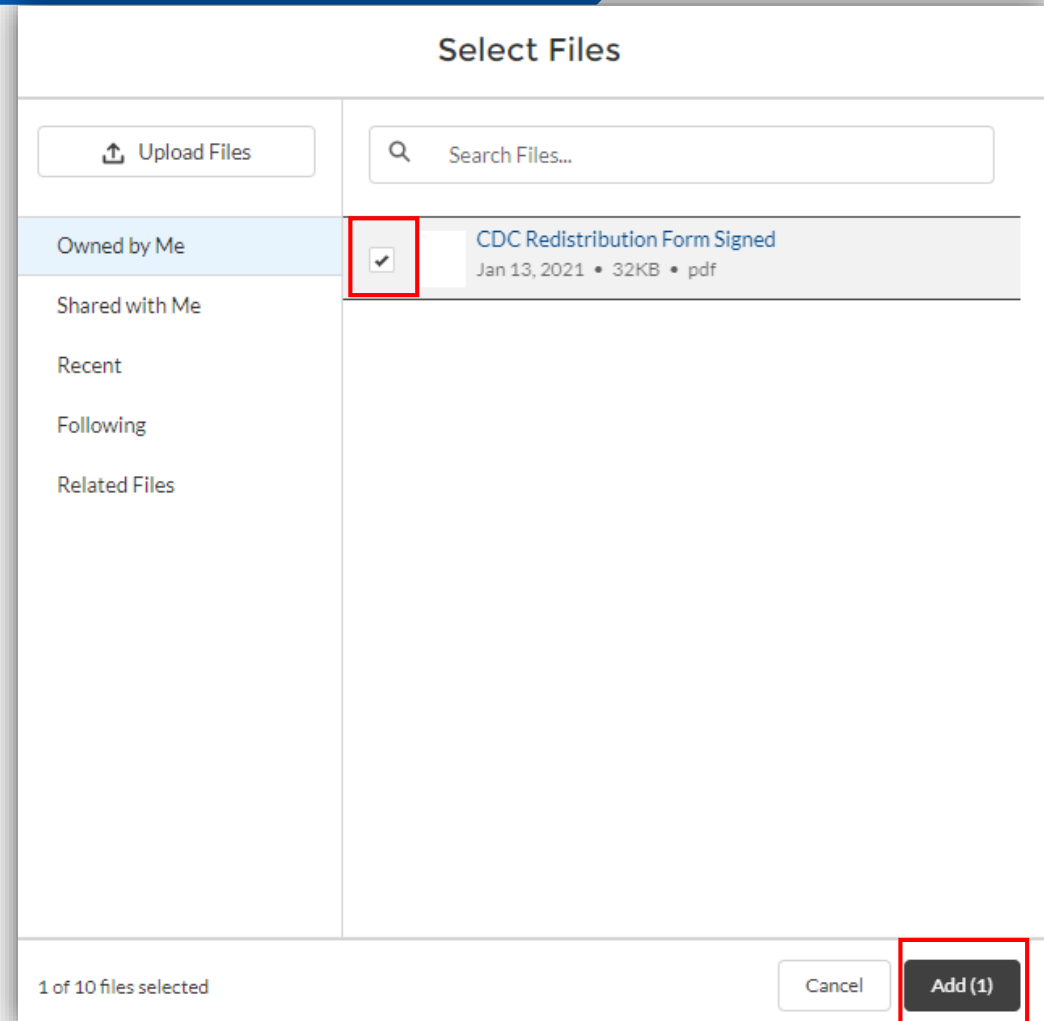
14. Select file to upload, click **Open**.

14



15. Select the checkbox next to the file you want to upload, click **Add**.

15



## Step 6: Receive Email Notifications

16. After the request to return is submitted, DSHS will review the request. The **requesting person at the *Returning Provider* will receive an email** once the request has either been **approved or denied**.

16

Dear Provider,

Thank you for your return request submission. Your request to return 2 doses of COVID-19 from Mait\_org16\_01 has been **approved**. These doses will be transferred to Tes Acc!@.

As the returning provider, **you are responsible for the physical transfer of the approved doses to Tes Acc!@**. You can view the relevant details of your vaccine transfer, including the address and contact information for the receiving provider, in the Texas Vaccine Allocation and Ordering System (VAOS) at (<https://texasvaccines.dshs.texas.gov>).

**Next Steps:**

1. In VAOS, navigate to Service Requests and download Vaccine Transfer form to view relevant details for the receiving provider
2. Contact the receiving provider to coordinate the transfer of doses
3. Ship or otherwise physically transfer doses to the receiving provider as soon as possible

You can find additional information about VAOS and how to use it on the [COVID-19 Vaccine Management Resources](#) site.

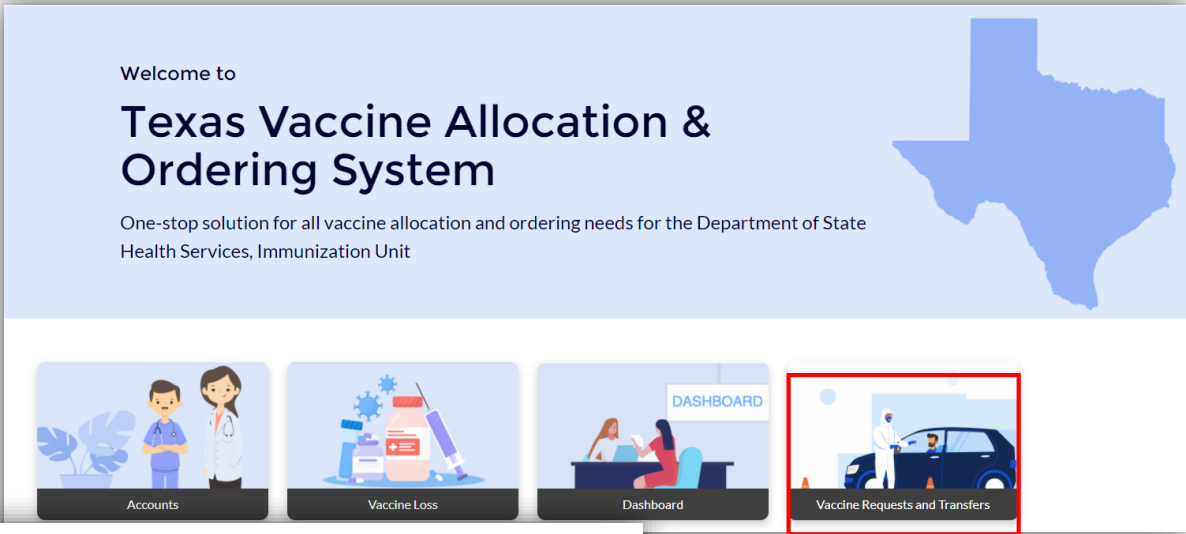
For any questions related to COVID-19 orders, or technical questions on how the Vaccine Ordering and Management system operates, please contact [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

17. If approved, the **primary & backup vaccine coordinators at the *Receiving Provider*** will also receive an email notification.

# Step 7: Access Receiving Provider Information

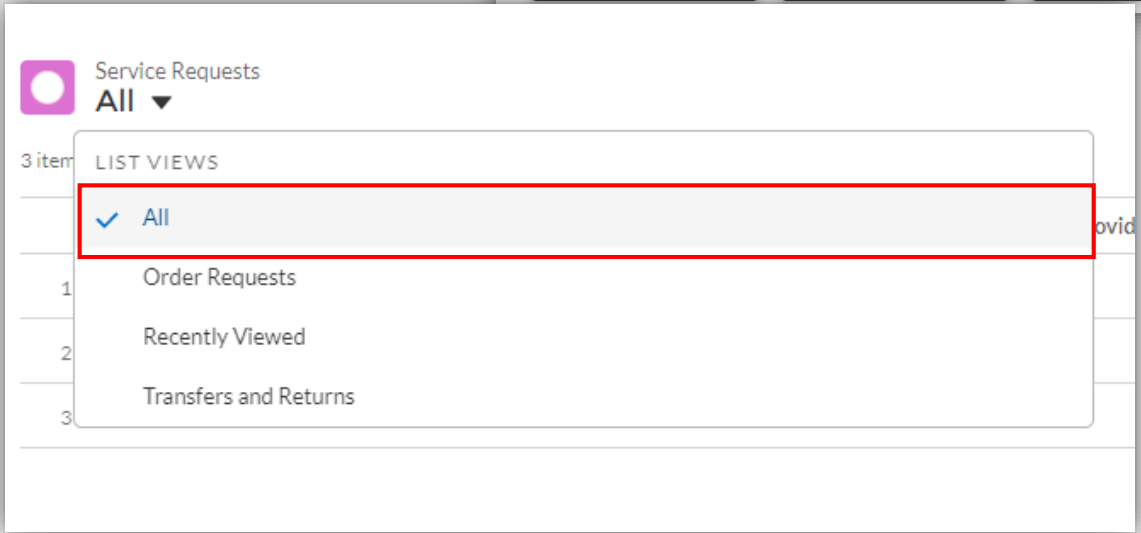
18. To view information for the *Receiving Provider*, Navigate to VAOS and click **Vaccine Requests and Transfers** to view your Service Requests.

18



19. Select **All**.

19



# Step 7: Access Receiving Provider Information

20. Select the relevant *Vaccine Return Request*.

Service Requests  
All ▾

3 items • Sorted by Service Request Name • Filtered by All service requests

New  
Settings ▾

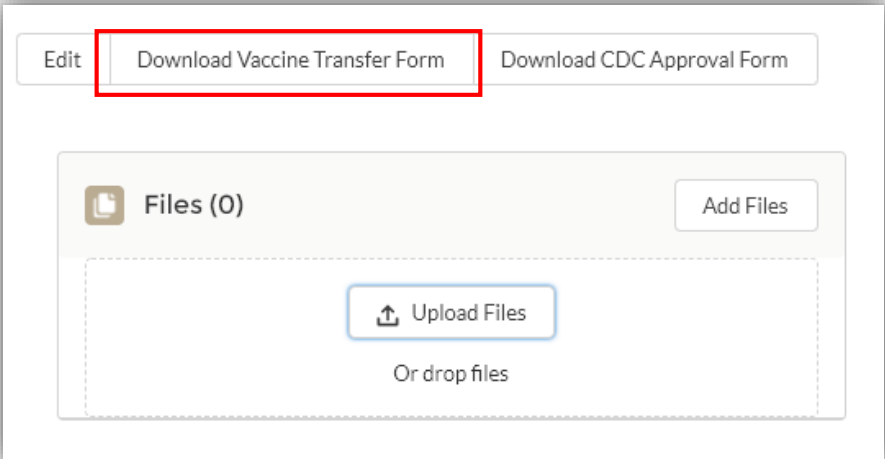
	Service Request Name ↑ ▾	Record Type ▾	Transferring provider ▾	Quantity to transfer ▾	Facility ▾	Number of doses req... ▾	
1	SR-0034	First Dose Allocation Request			TX Test	200	▾
2	SR-0038	Vaccine Transfer Request	TX Test	450			▾
3	SR-0044	Vaccine Return Request	TX Test	200			▾



# Step 7: Access Receiving Provider Information

21. In the **Files** section, click **Download Vaccine Transfer form**.

21



**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

**Guidance:**  
Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**  
The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)**  
In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

<b>Vaccine Transferring From:</b>	<b>Vaccine Transferring To:</b>	<b>Reason for Transferring Request:</b>
PIN/Customer ID: <u>A300425</u>	PIN/Customer ID: <u>111119</u>	Other: I can't use all the vaccines doses allocated to me
Facility Name: <u>TX Test</u>	Facility Name: <u>Person Test</u>	
Address: <u>100 Congress Avenue</u>	Address: <u>123 Main St, 100</u>	
City/State/Zip: <u>Austin/TX/78701/United States</u>	City/State/Zip: <u>Austin/TX/78700/Travis</u>	
Phone: <u>██████████</u>	Phone: <u>1231231234</u>	
Fax: _____	Fax: _____	
Contact: <u>John Doe</u>	Contact: <u>██████████</u>	
Email: <u>test123@gmail.com</u>	Email: <u>██████████</u>	

**Texas COVID-19 Vaccine Transfer Authorization Form**

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

Texas Department of State Health Services Immunization Unit Form No. EC-67

# Step 7: Access Receiving Provider Information

22. Review the Vaccine Transfer Authorization Form to find the *Receiving Provider* shipping and contact information.

**Texas COVID-19 Vaccine Program  
Vaccine Transfer Authorization Form**

**Guidance:**  
Texas COVID-19 Vaccine providers are expected to maintain an adequate inventory of vaccine. The routine re-distribution of COVID-19 Vaccine is not allowed. Vaccine transfers are limited to: short dated vaccine, withdrawal of a provider from the COVID-19 Vaccine Program, or other (i.e., emergency, disaster, or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated Department of State Health Services (DSHS) Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**  
The Texas COVID-19 vaccine providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the Texas COVID-19 vaccine Program and made easily accessible.

**Vaccine transfer in emergency situations (i.e., activation of the Emergency Vaccine Storage and Handling Plan)**  
In the event that a provider must activate their Emergency Vaccine Storage and Handling Plan, providers must transfer vaccines to the alternative storage location identified in the plan. The PIN/Customer ID for the alternative location should not be included on the Vaccine Transfer Authorization Form if the alternative location is not a Texas COVID-19 vaccine provider. Providers must contact the DSHS HSR by telephone prior to faxing the Vaccine Transfer Authorization Form in the event of an emergency. If the DSHS HSR cannot be contacted, the provider may transfer vaccine to the alternative storage location and must notify the DSHS HSR as soon as possible.

<b>Vaccine Transferring From:</b> PIN/Customer ID: <u>A300425</u> Facility Name: <u>TX Test</u> Address: <u>100 Congress Avenue</u> City/State/Zip: <u>Austin/TX/78701/United States</u> Phone: <u>[REDACTED]</u> Fax: <u>[REDACTED]</u> Contact: <u>John Doe</u> Email: <u>test123@gmail.com</u>	<b>Vaccine Transferring To:</b> PIN/Customer ID: <u>111119</u> Facility Name: <u>Person Test</u> Address: <u>123 Main St., 100</u> City/State/Zip: <u>Austin/TX/78700/Travis</u> Phone: <u>1231231234</u> Fax: <u>[REDACTED]</u> Contact: <u>[REDACTED]</u> Email: <u>[REDACTED]</u>	<b>Reason for Transferring Request:</b> Other: I can't use all the _____ doses allocated to _____
---	--	--

**Texas COVID-19 Vaccine Transfer Authorization Form**

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:
Pfizer 1	43063-0609-30	ABC789	12/01/2021	450

Texas Department of State Health Services Immunization Unit Form No. EC-67

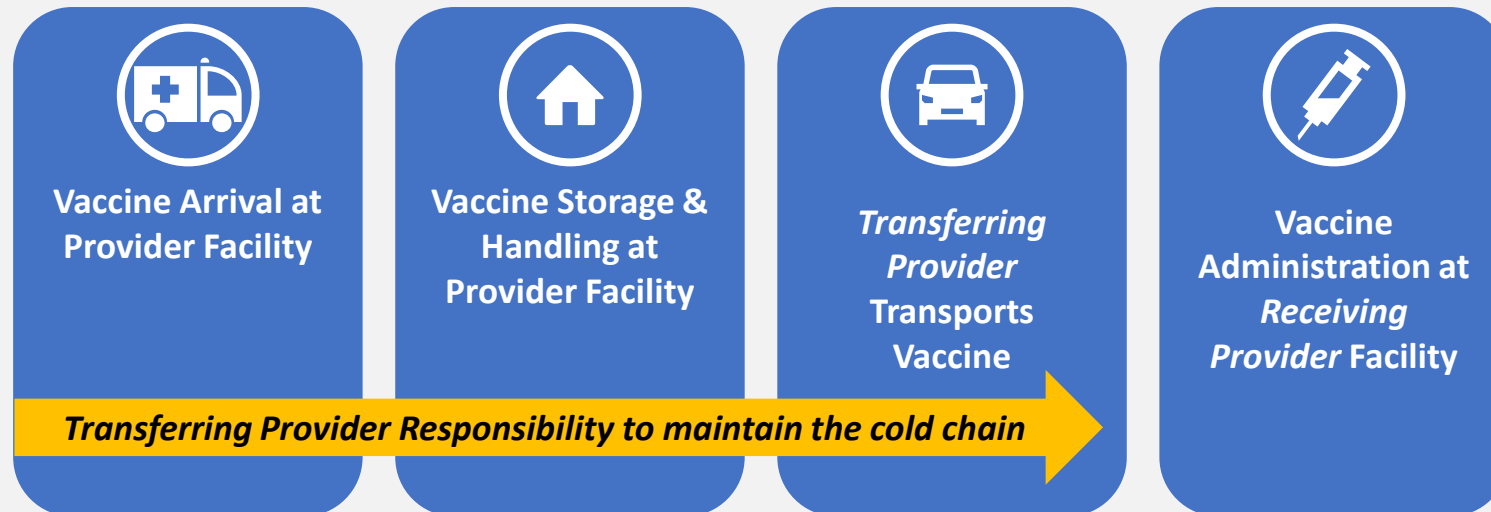
22

<b>Vaccine Transferring From:</b> PIN/Customer ID: <u>A300425</u> Facility Name: <u>TX Test</u> Address: <u>100 Congress Avenue</u> City/State/Zip: <u>Austin/TX/78701/United States</u> Phone: <u>[REDACTED]</u> Fax: <u>[REDACTED]</u> Contact: <u>John Doe</u> Email: <u>test123@gmail.com</u>	<b>Vaccine Transferring To:</b> PIN/Customer ID: <u>111119</u> Facility Name: <u>Person Test</u> Address: <u>123 Main St., 100</u> City/State/Zip: <u>Austin/TX/78700/Travis</u> Phone: <u>1231231234</u> Fax: <u>[REDACTED]</u> Contact: <u>[REDACTED]</u> Email: <u>[REDACTED]</u>
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## Step 8: Coordinate Transfer of Vaccine

23. Contact the *Receiving Provider* and coordinate the transfer of vaccines. Ship or otherwise physically transport the approved doses to the *Receiving Provider* using proper vaccine storage and handling.

**Remember:** it is the responsibility of the *Transferring Provider* to practice proper vaccine storage & handling and maintain the cold chain in transport.

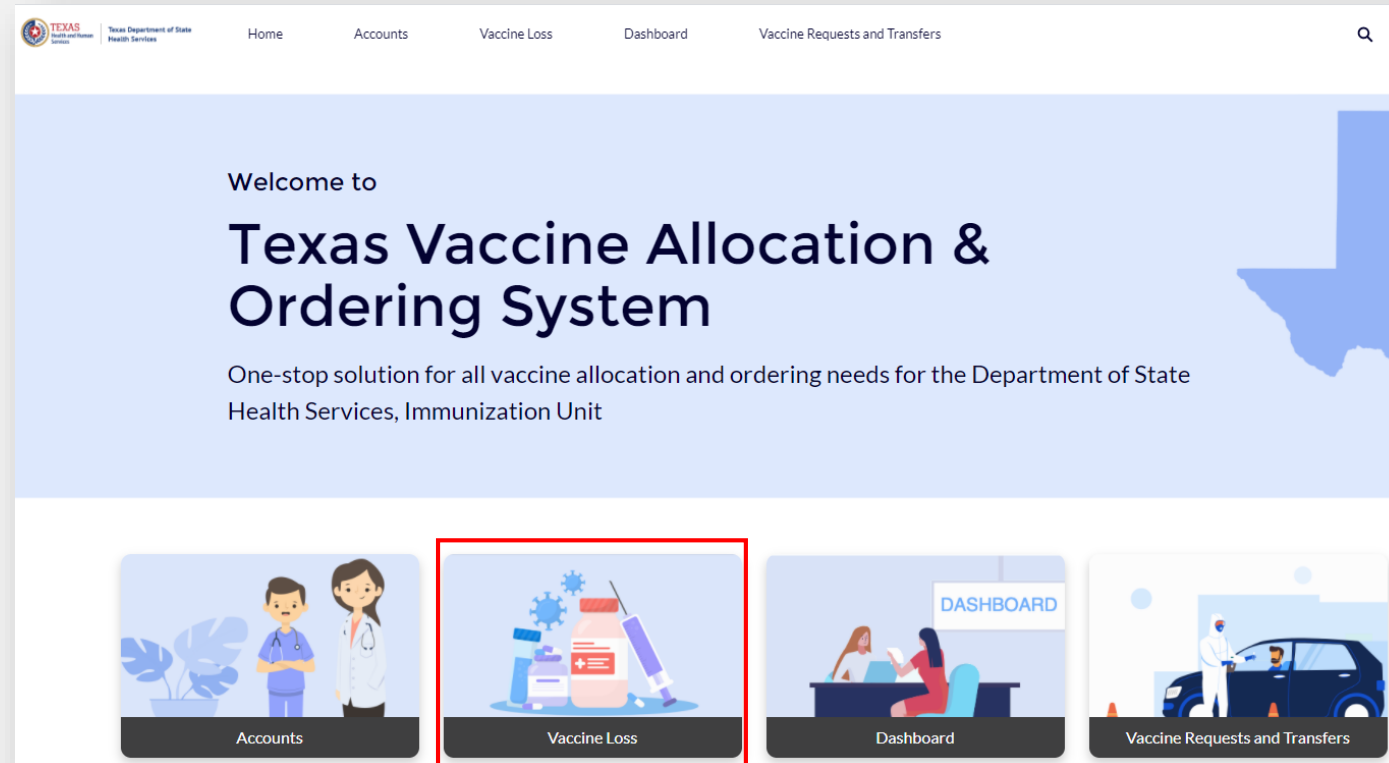


# 6: Reporting Waste



# Step 1: Navigate to Vaccine Loss

1. Log into your Provider portal.
  - <https://texasvaccines.dshs.texas.gov/>
2. Navigate to the **Vaccine Loss** tab. You will be redirected to the **Vaccine Use** view.



# Step 2: Navigate Vaccine Use View

3. View previously reported instances of vaccine waste or click **New** to report new waste.

Welcome to  
**Texas Vaccine Allocation & Ordering System**

One-stop solution for all vaccine allocation and ordering needs for the Department of State Health Services, Immunization Unit

Vaccine Uses  
All

1 item • Sorted by Vaccine Administration Number • Filtered by All vaccine uses • Updated a few seconds ago

Search this list...

Vaccine Administration Number ↑	Vaccine	Quantity Consumed	Status
1 VA-0000011	VI-0000014	50	Wastage

New

# Step 3: Report New Waste

4. Enter the required information in the **New Vaccine Use** pop-up window and click **Save** to complete the process.
  - **Quantity Consumed** should be entered in number of *doses* consumed
5. The new waste report now appears in the **Vaccine Use** list view.

Accounts Vaccine Use

### New Vaccine Use: Vaccine Wastage

**Information**

Vaccine Administration Number

Facility: Austin Regional Health Clinic

Vaccine: VI-0000014

\* Status: Wastage

\* Reason for waste: G81 = Expired vaccine

\* Quantity Consumed: 25

Vaccine Item Temp

**Description**

Description: Vaccine Lot expired 11/08/2020


Other Reason

Cancel Save & New Save

4

Welcome to  
**Texas Vaccine Allocation & Ordering System**

One-stop solution for all vaccine allocation and ordering needs for the Department of State Health Services, Immunization Unit



Vaccine Uses  
All

1 item • Sorted by Vaccine Administration Number • Filtered by All vaccine uses • Updated a few seconds ago

Vaccine Administration Number	Vaccine	Quantity Consumed	Status
1 VA-0000011	VI-0000014	50	Wastage

5

# COVID-19 Provider Support

Category	COVID-19 Vaccine Provider Enrollment (Syntropi)	COVID-19 Vaccine Provider Information and Safety Reporting	Vaccine Allocation & Ordering System (VAOS)	Vaccine Distribution & Shipments	Reporting for COVID-19 Vaccines
Sample questions	<ul style="list-style-type: none"> <li>• How to become a COVID-19 Vaccine Provider</li> <li>• In-progress applications</li> <li>• Updating information in Provider Enrollment accounts, including population numbers, email addresses, or primary/backup coordinators)</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 vaccine safety &amp; medical info</li> <li>• Storage &amp; handling</li> <li>• Administration of vaccine</li> <li>• Vaccine distribution</li> <li>• Reporting adverse events to VAERS</li> </ul>	<ul style="list-style-type: none"> <li>• Access to VAOS</li> <li>• Question about completing a task or process in VAOS or dashboards</li> <li>• Tuesday/Thursday Provider Webinars</li> </ul>	<ul style="list-style-type: none"> <li>• Tracking shipments</li> <li>• Allocations</li> <li>• Hub requests</li> <li>• Vaccine transfer/returns</li> <li>• Waste disposal/return</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting to ImmTrac2 via online web application</li> <li>• Reporting to TDEM online portal</li> </ul>
Provider Support Channel	<p><b>Provider Help Desk:</b> (877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or Email: <a href="mailto:COVID19VacEnroll@dshs.texas.gov">COVID19VacEnroll@dshs.texas.gov</a></p> <p><b>HealthCare Providers/Professionals</b> <a href="https://www.cdc.gov/vaccines/hcp/index.html">https://www.cdc.gov/vaccines/hcp/index.html</a></p> <p><b>General Immunization Questions:</b> <a href="mailto:COVIDvaccineQs@dshs.Texas.gov">COVIDvaccineQs@dshs.Texas.gov</a></p>	<p><b>Provider Help Desk:</b> (877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday or Email: <a href="mailto:COVID19VacEnroll@dshs.texas.gov">COVID19VacEnroll@dshs.texas.gov</a></p>	<p><b>Covid-19 Vaccine Management:</b> <a href="mailto:COVID19VacMgmt@dshs.texas.gov">COVID19VacMgmt@dshs.texas.gov</a></p>	<p><b>Vaccine Shipments:</b> <a href="mailto:COVID19VacShipments@dshs.texas.gov">COVID19VacShipments@dshs.texas.gov</a></p>	<p><b>ImmTrac2 team:</b> <a href="mailto:ImmTrac2@dshs.texas.gov">ImmTrac2@dshs.texas.gov</a></p> <p><b>TDEM/TMD Call Center:</b> <a href="mailto:vaccine@tdem.texas.gov">vaccine@tdem.texas.gov</a> ; (844) 908-3927</p>



# COVID-19 General Public Support

Category

## General COVID-19 Inquiries

## Disaster Response

Sample questions

- COVID-19 vaccine safety
- COVID-19 testing
- COVID-19 prevention and quarantine
- Vaccine FAQs

- Public facing resource for those affected by winter storm Uri and need assistance

Provider Support Channel

**COVID-19 Nurse Call Center**  
Texas 2-1-1 (Option 6) (877) 570-9779, 8 a.m. to 5 p.m., Monday through Friday  
or Email: [CoronaVirus@dshs.Texas.gov](mailto:CoronaVirus@dshs.Texas.gov)  
**COVID-19 Vaccine Information:**  
<https://www.dshs.texas.gov/coronaviruses/immunize/vaccine.aspx>

**Task Force Storm Call Center**  
(844) 844-3089 8 a.m. to 5 p.m., Monday through Friday