|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site name** | **Region** | **Checklist completed by** | **Role** | **Date & time of completion** |
| Donor:  Receiver: | Donor:  Receiver: | Donor:  Receiver: | Donor:  Receiver: | Donor:  Receiver: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Vaccine dispatch – Actions for sender/donor | | | Confirm that: | Sign: | | Appropriate senior authorisation from the ICP lead or deputy has been granted for vaccines to be transferred |  | | Name, quantity, and batch number(s) of vaccines to be transferred are known and recorded |  | | Transport time used from wholesaler (for PCN and CP sites) to current site is known and recorded (default time remaining is 6hrs if not known). The transportation label has been affixed and completed (not required for Comirnaty 10 microgram)[[1]](#footnote-2) |  | | Appropriate expiry date and expiry time of vaccine is documented and visible on packaging |  | | Vaccine is to be transported in its original packaging if Pfizer (Comirnaty) or Moderna (Spikevax) |  | | Vaccine has been packed safely and securely in a validated cool box designed for the purpose of transporting vaccines |  | | The temperature within the cool box has been calibrated to the correct range (2-8oC) before use |  | | A temperature data logger is situated in the cool box |  | | The name and signature of the staff member who has prepared the package has been recorded |  | | The mode of transport is recorded |  | | The exact date and time the package has left the facility is recorded |  | | Courier contact details are known and recorded (if different from the individual who has packed the cool box) |  | | There is a named healthcare professional or individual competent in the handling and storage of vaccines who will take receipt of the vaccine on arrival |  | | A record of the transfer has been made and returned to the lead pharmacist or equivalent |  | | |  |  | | --- | --- | | Vaccine receipt – Actions for receiver | | | Confirm that: | Sign: | | The delivery is being received by the named individual agreed with the sender, and who is competent in the handling and storage of vaccines |  | | Vaccine has been delivered in a cool box designed for the purpose of transporting vaccines |  | | Name, quantity and batch number(s) of vaccine received is documented |  | | Expiry date and expiry time of vaccine is documented and visible on packaging |  | | The exact date and time the package arrives at the facility is recorded, and is within the expiry date and time |  | | Total transport time of vaccine is within manufacturer’s recommendations. The time of arrival is documented on the transportation label and the new accumulated transport time added |  | | A data logger has been used for temperature monitoring and temperature on receipt is within correct range (2-8oC) |  | | Cold chain has been maintained during transit. Check information available on data logger |  | | Vaccines are not damaged on arrival following visual inspection |  | | The name and signature of the staff member who prepared the package has been recorded |  | | The contact details of the sender are available and recorded |  | | The mode of transport used is recorded |  | | Vaccine has been safely transferred to an appropriate pharmaceutical refrigerator immediately following arrival, with appropriate stock rotation as required |  | | A record of receipt has been made and returned to the lead pharmacist or equivalent |  | |

|  |
| --- |
| **Additional comments / evidence as required** |

1. Follow L&SC SOP for monitoring the total transportation time of thawed undiluted Comirnaty 30 microgram for adults and adolescents and Spikevax COVID-19 vaccines [↑](#footnote-ref-2)