

IHS Mpox Vaccine Redistribution Worksheet

The U.S. Department of Health and Human Services (HHS) [Mpox Vaccination Program Provider Agreement](#) is available for review by any provider and provider’s organization. Upon any use of the mpox vaccines, HHS deems that the provider and the provider’s organization agree to comply with all of the requirements of the HHS [Mpox Vaccination Program Provider Agreement](#), including any updates. By receiving vaccine by redistribution from or within the Indian Health Service (IHS) jurisdiction, including redistribution from IHS-operated facilities, Tribal Health Programs or Urban Indian Organizations, the provider and provider’s organization agree to document any redistribution.

Facility Information	
Redistribution (Sending) Facility:	Receiving Facility:

Transport Logistics	
Redistribution Date:	Redistribution Time:
Point of Contact (POC)/ arrangements made with:	POC Contact info (office or cell phone number):
Redistribution Plan (e.g., flight number, pick up/delivery time or location, etc.):	
Planned Vaccine Temperature During Transport (check one):	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated
Inventory transferred to the receiving facility in the Health Partner Order Portal (HPoP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vaccine	Lot Number	Expiration Date	Storage Temperature Before Redistribution	At This Storage Temperature Since (Date)	Beyond Use Date (BUD) (if different as a result of storage conditions)	Number of Doses
Jynneos			<input type="checkbox"/> Frozen (-25°C to -15°C) <input type="checkbox"/> Refrigerated (2°C to 8°C)			
Jynneos			<input type="checkbox"/> Frozen (-25°C to -15°C) <input type="checkbox"/> Refrigerated (2°C to 8°C)			

Chain of Custody and Temperature Monitoring [to be completed by Transporter and Receiving Facility]:

Transporter/Receiver Information	Printed Name	Signature
Vaccine Transporter:		
Second Vaccine Transporter (if applicable):		
Vaccine Received By:		
Receipt Date:	Receipt Time:	Actual Transport Temp: Arrival Temp: <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated

Check if vaccine is received with NO temperature excursion or alarm during transport and is accepted without concern.

Check if vaccine is received with a temperature excursion or alarm during transport.

Additional details and disposition of redistributed vaccine:

Sending Facility Reporting and Record Keeping
<input type="checkbox"/> Check if inventory received and updated in the Health Partner Order Portal (HPoP).
<input type="checkbox"/> Sending facility emailed Area Vaccine Point of Contact (AVPOC) with (1) completed <i>IHS mpox Vaccine Redistribution Worksheet</i> .
• Date Submitted to AVPOC: _____

Records must be maintained by sending facility for six (6) years.