



# Louisiana Immunization Network (LINKS) CDC Redistribution Agreement Instructions



1. Download the CDC Redistribution Agreement. Open the form from your computer to complete it. **DO NOT complete the form on a web browser, as you will not be able to save your responses.**
2. Download Adobe Reader [here](#). Forms that are scanned, faxed and/or completed by hand **WILL NOT** be processed.
3. Complete the CDC Provider form carefully.
4. Save completed form as a PDF to computer.
5. Email completed form as an attachment to [EnrollLA.LINKS@la.gov](mailto:EnrollLA.LINKS@la.gov). This email will only be monitored for enrollment and no other purposes.
6. A confirmation email will be sent within 24 hours after submission. Be sure to check your spam inbox.
7. If you do not receive this confirmation, your form has not been received.

# CDC Supplemental COVID-19 Vaccine Redistribution Agreement



The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions

and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

**The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine.** CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

## Organization information

Organization/facility name:

**FOR OFFICIAL USE ONLY**

*VTrckS ID:*

*Unique COVID-19 Organization ID (from Section A):*

## Primary address and contact information of COVID-19 vaccination organization

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

## Responsible officers

### Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

### Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone number:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

**Primary point of contact responsible for receipt of COVID-19 vaccine**  
*(if different than medical director listed above)*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary point of contact for receipt of COVID-19 vaccine**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**COVID-19 vaccination organization redistribution agreement requirements**

*To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:*

1. Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.
3. Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary locations.
4. Document and make available any records of COVID-19 vaccine redistribution to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses. *Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support 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: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief Executive Officer (chief fiduciary role)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Requirements incorporated by reference; refer to [www.cdc.gov/vaccines/hcp/admin/storage-handling.html](http://www.cdc.gov/vaccines/hcp/admin/storage-handling.html).