

Document ID: 0.7.1219.5269

From: Igboechi, Chike
</o=corpnymchhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>

Cc: Muccino, Paul
</o=corpnymchhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1
4459-muccino, paul>; Kwong, Jeffrey </o=corpnymchhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0
a2b9-kwong, jeffre>; Farooqi, Hinnah </o=corpnymchhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=hinnah.farooqi.nychhc.org>;
Fiebert, Lee </o=corpnymchhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039
5085-fiebert, lee>

Bcc:

Subject: 2nd Dose transfers from Metropolitan to Harlem

Date: Mon Feb 22 2021 13:42:18 EST

Attachments: 2nd dose transfers FROM METRO TO HARLEM Redistribution Guidance
NEW FORM2.pdf

87 2 (b)

Chike Igboechi, RPh; PhD; MSIDP
Director of Pharmacy Services
Co-Chair Antimicrobial Stewardship Program
NYC Health + Hospitals/Metropolitan
Phone: 87 2 (b)
Fax: 87 2 (b)
Email: chike.igboechi@nychhc.org

Document ID: 0.7.1219.5269-000001

Owner: Igboechi, Chike </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

Filename: 2nd dose transfers FROM METRO TO HARLEM Redistribution Guidance NEW
FORM2.pdf

Last Modified: Mon Feb 22 13:42:18 EST 2021



ANDREW M. CUOMO
Governor

**Department
of Health**

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) [REDACTED]	enter phone number Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Click or tap to enter a date. Check if 2 nd Doses <input type="checkbox"/>
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Click or tap to enter a date. Check if 2 nd Doses <input type="checkbox"/>
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Click or tap to enter a date. Check if 2 nd Doses <input type="checkbox"/>

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: _____ First name: _____ Middle initial: _____
 87 2 (b) _____ Email: _____

Secondary point of contact for receipt of COVID-19 vaccine

Last name: _____ First name: _____ Middle initial: _____
 87 2 (b) _____ 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: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5257

From: Igboechi, Chike
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>
To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: Vaccine Redistribution from Metropolitan to Harlem
Date: Tue Jan 26 2021 11:53:44 EST
Attachments: Attached Image (1).msg
1961_001.pdf

87 2 (b)



Chike Igboechi, RPh; PhD; MSIDP
Director of Pharmacy Services
Co-Chair Antimicrobial Stewardship Program
NYC Health + Hospitals/Metropolitan
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87 2 (b)
Fax: 87 2 (b)
Email: chike.igboechi@nychhc.org

Document ID: 0.7.1219.5257-000001

Owner: Igboechi, Chike </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

Filename: Attached Image (1).msg <extracted>

Last Modified: Tue Jan 26 11:53:44 EST 2021

To: Igboechi, Chike[Chike.Igboechi@nychhc.org]
From: Igboechi, Chike
Sent: Tue 1/26/2021 4:48:33 PM
Subject: Attached Image
[1961_001.pdf](#)

Document ID: 0.7.1219.5257-000002

Owner: Igboechi, Chike </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

Filename: 1961_001.pdf <extracted>

Last Modified: Tue Jan 26 11:53:44 EST 2021



Department of Health

New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- > This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- > Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- > The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- > Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- > Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):
NYC Health + Hospitals/Metropolitan - 1901 First Avenue New York, New York 10029
Releasing Provider COVID PIN #: CV1013 Date of Submission: xx/xx/xx
01/25/21
Facility Contact Name and email: enter here
Chike Igboechi - Chike.Igboechi@nychhc.org
Contact phone #: enter phone number Extension: enter if applicable
872 (b)

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC HEALTH + HOSPITAL / HARLEM - 506 Lenox Avenue New York, New York 10037	HINNAH FAROOQI - HinnaH.Farooqi@nychhc.org	CV1019	Pfizer # 550 Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date. 01/26/21
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

To support vaccination demand for expansion of vaccine eligibility 1B

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control and such facility's Memorandum of Understanding of Understanding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Signature: [Redacted] Date: 1/26/2021

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification. Revised 1/23/21

From: Huang, Alan </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc: Muccino, Paul </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d14459-muccino, paul>; Fiebert, Lee </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a537142090395085-fiebert, lee>; Kwong, Jeffrey </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0a2b9-kwong, jeffre>; Russo, Christopher </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>; THAN, MIN </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Suri, Tarun </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624ea85-suri, tarun>
Bcc:
Subject: Redistribution Request from Cumberland to Brooklyn Army Terminal
Date: Sat Feb 20 2021 15:49:01 EST
Attachments: Cumberland to Brooklyn Army Terminal_022021.pdf
image001.png

87 2 (b)

[Redacted]

[Redacted]

[Redacted]

Alan Huang, PharmD
Assistant Vice President & Chief of Staff
Central Office Business Operations
New York City Health + Hospitals
Office: 87 2 (b)

E-Mail: alan.huang@nychhc.org

Central Office
160 Water Street, 13th Floor
New York, NY 10038



Document ID: 0.7.1219.5266-000001

Owner: Huang, Alan </o=corpnyc/hc/ou=exchange administrative group (fydibohf23spdl)
/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>
Filename: Cumberland to Brooklyn Army Terminal_022021.pdf
Last Modified: Sat Feb 20 15:49:01 EST 2021

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: NYC Health + Hospitals/Gotham Health, C
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: 100 North Portland Avenue Street address 2:
 City: New York 1 County: Brooklyn State: NY ZIP: 11205
 Telephone: 87 2 (b) Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Russo First name: Christopher Middle initial:
 Title: Director of Pharmacy Licensure state: NY Licensure number: 042378
 Telephone: 87 2 (b) Email: RussoC@nychhc.org
 Street address 1: 100 North Portland Avenue Street address 2:
 City: New York County: Brooklyn State: NY ZIP: 11205

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Lewis First name: Michelle Middle initial:
 Telephone number: 87 2 (b) Email: LEWISM9@nychhc.org
 Street address 1: 125 Worth St. Street address 2:
 City: New York County: New York State: NY ZIP: 10013

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Russo First name: Christopher Middle initial:
 Telephone number: 87 2 (b) Email: RussoC@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Sy First name: Coumba Middle initial:
 Telephone number: 87 2 (b) Email: syc1@nychhc.org

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: BOAKYE First name: CYNTHIA Middle initial: G
 Signature: CYNTHIA BOAKYE Digitally signed by CYNTHIA BOAKYE Date: 2021-02-18 17:02:22 -05'00' Date: 2021-02-18

Chief Executive Officer (chief fiduciary role)

Last name: Lewis First name: Michelle Middle initial: B
 Telephone number: 87 2 (b) Signature: Date: 02-20-2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

SUBMIT FORM



Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):

NYC Health + Hospitals/Gotham Health, Cumberland "100 North Portland Avenue Brooklyn, New York 11205"

Releasing Provider COVID PIN #: CV1061

Date of Submission: xx/xx/xx

02/19/21

Facility Contact Name and email: enter here Christopher Russo - RussoC@nychhc.org

Contact Phone #: enter phone number Extension: enter if applicable 872 (6)

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	Coumba Sy syc1@nychhc.org	CV1114	Moderna # 500 Check if 2 nd Doses <input checked="" type="checkbox"/>	Click or tap to enter a date. 02/20/21
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

2nd dose redistributions to the initial 1st doses

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Signature: Christopher Russo

Date: 02/18/21

Digitally signed by Christopher Russo
Date: 2021.02.18 18:09:23 -05'00'

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Document ID: 0.7.1219.5266-000002

Owner: Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdt)
/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Filename: image001.png

Last Modified: Sat Feb 20 15:49:01 EST 2021

From: Kouretsos, Christos
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=christos.kouretsos.nychhc.org>

To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>

Cc: Muccino, Paul
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d14459-muccino, paul>; O'Connor, Jeremy
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=f0d6a9469ff3475aab9e12df0d2befd4-o'connor, jer>; Lewis, Michelle </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=lewis9.nychhc.org>; McMillan, Adrienne </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=1e02ffb0a21a41e5b81a153bc1c1ad19-mcmillan, adr>; THAN, MIN </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>

Bcc:

Subject: FW: Attached Image

Date: Tue Feb 02 2021 12:28:59 EST

Attachments: 4195_001.pdf

87 2 (b) ..

CHRISTOS KOURETSOS RPH MS
PHARMACY DIRECTOR NYC H+H
GOTHAM MORRISANIA
1225 GERARD BRONX NY 10452
T 87 2 (b)
CHRISTOS.KOURETSOS@NYCHHC.ORG

From: Kouretsos, Christos <CHRISTOS.KOURETSOS@nychhc.org>
Sent: Tuesday, February 2, 2021 12:27 PM
To: Kouretsos, Christos <CHRISTOS.KOURETSOS@nychhc.org>
Subject: Attached Image

Document ID: 0.7.1219.5106-000001

Owner: Kouretsos, Christos </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=christos.kouretsos.nychhc.org>

Filename: 4195_001.pdf

Last Modified: Tue Feb 02 12:28:59 EST 2021



Department of Health

New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):
NYC Health + Hospitals/Gotham Health, Morrisania - 1225 Gerard Avenue Bronx, New York 10452
Releasing Provider COVID PIN #: CV1063
Date of Submission: 01/29/21
Facility Contact Name and email: enter here
Christos Kouretsos - CHRISTOS.KOURETSOS@nychhc.org
Contact Phone #: enter phone number Extension: enter if applicable
977229

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Bathgate Test and Trace 4006 3rd Avenue Bronx, NY 10457	Aukia Fowlin-Alenke fowlina@nychhc.org	CV1115	Moderna # 500 Check if 2 nd Doses <input checked="" type="checkbox"/>	Click or tap to enter a date. 01/30/21
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

2nd dose redistributions to the initial 1st doses

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and Federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control and Prevention, and the Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Signature: [Redacted] Pharmacy Director Date: Feb 2 2021

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

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:

NYC Health + Hospitals/Gotham Health, N

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: 1225 Gerard Avenue

Street address 2:

City: New York

County: Bronx

State: NY

ZIP: 10452

Telephone: (718) 960-2766

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: O'Connor

First name: Jeremy

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 292463

Telephone: 87 2 (b)

Email: Jeremy.Oconnor@nychhc.org

Street address 1: 1225 Gerard Avenue

Street address 2:

City: New York

County: Bronx

State: NY

ZIP: 10452

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Lewis

First name: Michelle

Middle initial:

Telephone number: 87 2 (b)

Email: LEWISM9@nychhc.org

Street address 1: 125 Worth St.

Street address 2:

City: New York

County: New York

State: NY

ZIP: 10013

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Fowlin-Alenkhe

First name: Aukia

Middle Initial:

Telephone number: (b) 2 78

Email: fowlina@nychhc.org

First name: Moya

Middle Initial:

Last name: Dunlap

Email: dunlapm@nychhc.org

Telephone number: (b) 2 78

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. 5 3729 et seq., and other related federal laws, 18 U.S.C. 55 1001, 1035, 1347, 1349.

Organization Medical Director (or equivalent)

Last name: O'Connor

First name: Jeremy

Middle Initial: M

Signature: (b) 2 78

Date: 2/11/21

Chief Executive Officer (chief fiduciary role)

Last name: Lewis

First name: Michelle

Middle Initial:

Signature: (b) 2 78

Date: 2/11/2021

Requirements incorporated by reference: refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

SUBMIT FORM

From: Huang, Alan </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>; Pod, Zoraya </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=66489a620fc745f6a8b70ed53963732c-pod, zoraya>

Cc: McLeod, Sheldon </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=sheldon.mcleod.nychhc.org>; THAN, MIN </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Eng, Morris Tat Ming </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9f2f77e9a5b5409fb91c0a9fe4db36ea-eng, morris t>; health.sm.CovidVaccineHospitals <covidvaccinehospitals@health.ny.gov>; Sy, Coumba </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=7c1bb7a7b3984fd28dd77ed3acb55cd1-sy, coumba>

Bcc:

Subject: RE: (LO) NYC H+H Kings County to Brooklyn Army Terminal Test & Trace Site-Moderna 500 doses-1/7/21

Date: Thu Jan 07 2021 20:06:03 EST

Attachments: image002.png
image003.png

87 2 (b)

Alan Huang, PharmD
Assistant Vice President & Chief of Staff
Central Office Business Operations
New York City Health + Hospitals
Office: 87 2 (b)
E-Mail: alan.huang@nychhc.org

Central Office
160 Water Street, 13th Floor
New York, NY 10038

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, January 7, 2021 7:45 PM
To: Pod, Zoraya <podz@nychhc.org>
Cc: McLeod, Sheldon <Sheldon.McLeod@nychhc.org>; THAN, MIN <thanm@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Eng, Morris Tat Ming <engm2@nychhc.org>; health.sm.CovidVaccineHospitals <CovidVaccineHospitals@health.ny.gov>
Subject: (LO) NYC H+H Kings County to Brooklyn Army Terminal Test & Trace Site-Moderna 500 doses-1/7/21

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87 2 (b)

From: Pod, Zoraya <podz@nychhc.org>
Sent: Thursday, January 7, 2021 3:35 PM
To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Cc: sheldon.mcleod@nychhc.org; THAN, MIN <thanm@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Eng, Morris Tat Ming <engm2@nychhc.org>
Subject: NYC H+H Kings County Redistribution forms

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Zoraya Pod, R.Ph, MPA
Director of Pharmacy
NYC Health + Hospitals/Kings County
451 Clarkson Avenue
Brooklyn, NY 11203
Tel: (87 2 (b))
Cell: (87 2 (b))
Zoraya.Pod@nychhc.org

From: PharmacyAdmin@nychhc.org <PharmacyAdmin@nychhc.org>
Sent: Thursday, January 7, 2021 3:27 PM
To: Pod, Zoraya <podz@nychhc.org>
Subject: Attached Image

Visit http://secure-web.cisco.com/1cVdVNBmImuVse7SPdZ_Egn6TiAXnnuOxlJa_aiG-_9InP0q4YRF-NS9ulc0PKOnexWVQBUIVcm3wTEBVSrRmp8qgkLH_PX2CEclzAn2qBYUwwPJ0DMgOfgQxJ8rg8wByGmKDS0g68ueuW3wuVA4tMsDuCj1cKZjzCpeHXOGfCPF1Z2sYGgJ5HI-Vdp59gwwVBNUuSdeCq9v254OzqHryo0c90zQerW2IBXpCcsfwfSlqubHDe1aCH_ZSwoWfutA6/http%3A%2F%2Fwww.nychealthandhospitals.org

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Document ID: 0.7.1219.5033-000001

Owner: Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdt)
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Filename: image002.png

Last Modified: Thu Jan 07 20:06:03 EST 2021

Document ID: 0.7.1219.5033-000002

Owner: Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Filename: image003.png

Last Modified: Thu Jan 07 20:06:03 EST 2021

From: Nistico, Anthony
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>
To: DOH.sm.CovidVaccineRedistribution
<covidvaccineredistribution@health.ny.gov>
Cc: Inzerillo, Michael
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=michael.inzerillo.nychhc.org
>; Halko, Yuliya </o=corpnychhc/ou=exchange administrative
group
(fydibohf23spdlt)/cn=recipients/cn=165e5f0cb01a43929a3e3f03a09d
f737-halko, yuliya>
Bcc:
Subject: RE: (SXX) Coney Island Hospital to Gotham Health (Vanderbilt)
Date: Mon Jan 11 2021 12:17:19 EST
Attachments: CDC Supplemental COVID-19 Vaccine Redistribution Agreement.pdf
image001.png

87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Monday, January 11, 2021 11:06 AM
To: Nistico, Anthony <Anthony.Nistico@nychhc.org>
Cc: Inzerillo, Michael <Michael.Inzerillo@nychhc.org>; Halko, Yuliya <halkoy@nychhc.org>;
DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Coney Island Hospital to Gotham Health (Vanderbilt)

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T 87 2 (b)

From: Nistico, Anthony <Anthony.Nistico@nychhc.org>
Sent: Monday, January 11, 2021 10:28
To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Cc: Inzerillo, Michael <Michael.Inzerillo@nychhc.org>; Halko, Yuliya <halkoy@nychhc.org>
Subject: Moderna Vaccine Re-Distribution

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87 2 (b)

Anthony Nistico, R.Ph.
Assistant Director
Department of Pharmacy

87 2 (b)

Anthony.Nistico@nychhc.org

Coney Island Hospital
2601 Ocean Parkway
Brooklyn, NY 11235

Quality Assurance – Confidential Under Education Law 6527 and Public Health Law 2805-m

Visit http://secure-web.cisco.com/1E-bX5RQIMuJidm9ZzUkaFoU6OoIFiBq3w-0ezhX3FqgNkluQyUFKUQmKzUPYK9cB6ZXTz-BBNHdfYn-HnbtG_tZxZR9U-ISqgwiZQdPCQLby9pA7Y-OGGMwX3qLUKpug68CqET_bs4L0JWn3CSkin-f_Gy7rbCCYwaDVCmISX32j7tKonaZ9HjIN8pky0Gq-IVdnxiNSqjhw1VLeZXH9ZXd1c_kmxt0fFeEqOX2rGB4AF00hc5J2Ym9I13gIkrHh/http%3A%2F%2Fwww.nychealthandhospitals.org

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Document ID: 0.7.1219.5103-000001

Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

Filename: CDC Supplemental COVID-19 Vaccine Redistribution Agreement.pdf

Last Modified: Mon Jan 11 12:17:19 EST 2021

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: Coney Island Hospital	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: 2601 Ocean Pkwy		Street address 2:	
City: Brooklyn	County: Kings	State: NY	ZIP: 11235
Telephone: 87 [REDACTED]	Fax: 87 [REDACTED]		

Responsible officers

Medical Director (or Equivalent) Information

Last name: Brady	First name: Terence	Middle initial:
Title: CMO	Licensure state: NY	Licensure number:
Telephone: 872 [REDACTED]	Email: Terence.Brady@nychhc.org	

Chief Executive Officer (or Chief Fiduciary) Information

Street address 1: 2601 Ocean Pkwy		Street address 2:	
City: Brooklyn	County: King	State: NY	ZIP: 11235
Last name: Lipyanskaya	First name: Svetlana	Middle initial:	
Telephone number: 872 (b) [REDACTED]	Email: lipyanss@nychhc.org		

Chief Executive Officer (or Chief Fiduciary) Information

Street address 1: 2601 Ocean Pkwy		Street address 2:	
City: Brooklyn	County: Kings	State: NY	ZIP: 11235

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: **Nistico** First name: **Anthony** Middle initial:
 Telephone number: **872** Email: **anthony.nistico@nychhc.org**

Secondary point of contact for receipt of COVID-19 vaccine

Last name: **Halko** First name: **Yuliya** Middle initial:
 Telephone number: **872** Email: **halkoy@nychhc.org**

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: **BRADY** First name: **TERENCE** Middle initial:
 Signature: **872 (b)** Date: **1/11/21**

Chief Executive Officer (chief fiduciary role)

Last name: **LIPYANSKAYA** First name: **Svetlana** Middle initial:
 Signature: **872 (b)** Date: **1/11/21**

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5103-000002

Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

Filename: image001.png

Last Modified: Mon Jan 11 12:17:19 EST 2021

Document ID: 0.7.1219.5181

From: Kanu, Anthony </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc: THAN, MIN </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Muccino, Paul </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d14459-muccino, paul>; Huang, Alan </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>
Bcc:
Subject: RE: NYS_RedistributionGuidance_01022021-00.pdf
Date: Tue Jan 12 2021 14:27:07 EST
Attachments: NYC Health + Hospitals East New York.pdf

87 2 (b)





From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Tuesday, January 12, 2021 1:28 PM
To: Kanu, Anthony <kanua3@nymhc.org>
Cc: THAN, MIN <thanm@nymhc.org>; Muccino, Paul <muccinop@nymhc.org>; Huang, Alan <alan.huang@nymhc.org>
Subject: Re: NYS_RedistributionGuidance_01022021-00.pdf

87 2 (b)



From: Kanu, Anthony <kanua3@nymhc.org>
Sent: Tuesday, January 12, 2021 1:25 PM
To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Cc: THAN, MIN <thanm@nymhc.org>; Muccino, Paul <muccinop@nymhc.org>; Huang, Alan <alan.huang@nymhc.org>
Subject: RE: NYS_RedistributionGuidance_01022021-00.pdf

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87 2 (b)

[REDACTED]

[REDACTED]

[REDACTED]

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Tuesday, January 12, 2021 1:09 PM
To: Kanu, Anthony <kanua3@nychhc.org>
Cc: THAN, MIN <thanm@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>
Subject: Re: NYS_RedistributionGuidanceE_01022021-00.pdf

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Director of Pharmacy
NYC Health + Hospitals/ East New York
2094 Pitkin Ave.
Brooklyn, NY 11207
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Filename: NYC Health + Hospitals East New York.pdf

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Department of Health

New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- > This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- > Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- > The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- > Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- > If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- > Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- > Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County:

NYC Health + Hospitals/Gotham Health, East New York - 2094 Pitkin Avenue Brooklyn, New York 11207

Facility Contact Name: enter here
Anthony Kanu

Contact Email: enter email
kanua3@nychc.org

COVID Pin #: enter pin # here
CV1062

Date of submission: xx/xx/xx
01/12/2021

Contact Phone #: enter phone number Extension: enter extension if applicable
87729

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)
BROOKLYN ARMY TERMINAL TEST & TRACE SITE

To (Location) Contact Name and Email

140 58 STREET BROOKLYN NY 11220 SY. COUMBA: SYC10@nychc.org

Receiving Provider COVID PIN #
CV1114

Manufacturer and # of Doses
MODERNA # 500

Target date of transfer
Click or tap to enter a date.
01/13/2021

To (Location)

Justification (explain in detail the reason for re-distribution):
To support eligibility expansion of Group 1B

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Anthony Kanu

Date: 01/11/2021

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: NYC Health + Hospitals/ East New York
 Unique COVID-19 Organization ID (from Section A):
 VTRCS ID:

Primary address and contact information of COVID-19 vaccination organization
 Street address 1: 2094 Pitkin Avenue
 City: New York
 County: Brooklyn
 State: NY
 ZIP: 11207
 Telephone: (b) 2 78
 Fax:

Responsible officers
 Last name: Kanu
 First name: Anthony
 Middle Initial:
 Title: Director of Pharmacy
 Licensure state: NY
 Licensure number:
 Telephone: (b) 2 78
 Email: kanna3@nychhc.org
 Street address 1: 2094 Pitkin Avenue
 Street address 2:
 City: New York
 County: Brooklyn
 State: NY
 ZIP: 11207

Chief Executive Officer (or Chief Fiduciary) Information
 Last name: Lewis
 First name: Michelle
 Middle Initial:
 Telephone number: (b) 2 78
 Email: LEWISM9@nychhc.org
 Street address 1: 125 Worth Street
 Street address 2:
 City: New York
 County: New York
 State: NY
 ZIP: 10013

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: SY First name: COMBAT Middle Initial:

Telephone number: (b) 2 78 Email: SYC1@NYCHH.ORG

Secondary point of contact for receipt of COVID-19 vaccine

Last name: JAKOBO First name: JLEON Middle Initial:

Telephone number: (b) 2 78 Email: JAKOBO@NYCHH.ORG

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: KAM First name: ANKAY Middle Initial: I

Signature: (b) 2 78 Date: 1/12/2021

Chief Executive Officer (chief fiduciary role)

Last name: LEWIS First name: MICHAEL Middle Initial: B

Signature: (b) 2 78 Date: 1/11/2021

Requirements incorporated by reference; refer to www.cdc.gov/vaccines/imz/downloads/for/ceof/ceof-inh/storage-handling.html.

From: Huang, Alan </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>
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Date: Tue Jan 12 2021 13:22:36 EST
Attachments: image001.png

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Alan Huang, PharmD
Assistant Vice President & Chief of Staff
Central Office Business Operations
New York City Health + Hospitals
Office: 87 2 (b) [Redacted]
E-Mail: alan.huang@nychhc.org

Central Office
160 Water Street, 13th Floor
New York, NY 10038

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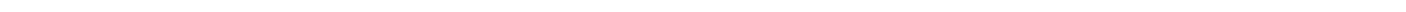
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Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

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Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

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- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
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- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

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Facility Contact Name: enter here Anthony Iwe Kanu		Date of submission: xx/xx/xx 1/13/2021		
Contact Email: enter email kanua3@nychhc.org		Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)		
RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory				
TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Brooklyn Army Terminal Test & Trace Site				
To (Location) 140 58th, Street, Brooklyn, NY 11220	Contact Name and Email Coumba Sy: syc1@nychhc.org	87 2 (b)	500	Click or tap to enter a date. 1/13/2021
To (Location) 140 58th, Street, Brooklyn, NY 11220	Coumba Sy: syc1@nychhc.org		500	Click or tap to enter a date. 1/13/2021
To (Location) 140 58th, Street, Brooklyn, NY 11220	Coumba Sy: syc1@nychhc.org		500	Click or tap to enter a date. 1/13/2021
Justification (explain in detail the reason for re-distribution): <p align="center">They are next on line for COVID-19 vaccination.</p>				

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Anthony Iwe kanu

Date: 1/11/2021

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: NYC Health + Hospitals/ East New York

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: 2094 Pitkin Ave. Street address 2: _____

City: Brooklyn County: Kings State: NY ZIP: 11207

Telephone: 87 2 (b) Fax: 87 2 (b)

Responsible officers

Medical Director (or Equivalent) Information

Last name: Kanu First name: Anthony Middle initial: I

Title: Director of Pharmacy Licensure state: NY Licensure number: 040868

Telephone: 87 2 (b) Email: kanua3@nychhc.org

Street address 1: 2094 Pitkin Ave. Street address 2: _____

City: Brooklyn County: Kings State: NY ZIP: 11207

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Lewis First name: Michelle Middle initial: _____

Telephone number: 87 2 (b) Email: lewisM9@nychhc.org

Street address 1: Co 125 Worth Street Street address 2: _____

City: New York County: Manhattan State: NY ZIP: 10013

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Sy First name: Coumba Middle initial:
 Telephone number: 87 2 (b) Email: syc1@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Jagroo First name: Greg Middle initial:
 Telephone number: 87 2 (b) Email: jagroog@nychhc.org

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: Kanu First name: Anthony Middle initial: I
 Signature: Anthony Kanu Digitally signed by Anthony Kanu Date: 2021.01.11 18:00:56 -05'00' Date: 1/11/2021

Chief Executive Officer (chief fiduciary role)

Last name: First name: Middle initial:
 Signature: Date:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Kanu First name: Anthony Middle Initial: I
 Telephone number: 87 2 (b) Email: Kanuaz@nyehhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: John First name: David Middle Initial: _____
 Telephone number: 87 2 (b) Email: David.John@nyehhc.org

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: Kanu First name: Anthony Middle Initial: I
 Signature: 87 2 (b) Date: 1/11/2021

Chief Executive Officer (chief fiduciary role)

Last name: Lewis First name: Michelle Middle Initial: B
 Signature: 87 2 (b) Date: 1/11/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5249

From: Igboechi, Chike
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>
To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>
Cc: Muccino, Paul
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1
4459-muccino, paul>
Bcc:
Subject: Vaccine Redistribution from Metropolitan to Harlem
Date: Tue Jan 26 2021 08:42:19 EST
Attachments: Attached Image (1).msg
1960_001.pdf

87 2 (b)

Chike Igboechi, RPh; PhD; MSIDP
Director of Pharmacy Services
Co-Chair Antimicrobial Stewardship Program
NYC Health + Hospitals/Metropolitan
Phone: 87 2 (b)
Fax: 87 2 (b)
Email: chike.igboechi@nychhc.org

Document ID: 0.7.1219.5249-000001

Owner: Igboechi, Chike </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

Filename: Attached Image (1).msg <extracted>

Last Modified: Tue Jan 26 08:42:19 EST 2021

To: Igboechi, Chike[Chike.Igboechi@nychhc.org]
From: Igboechi, Chike
Sent: Tue 1/26/2021 1:38:17 PM
Subject: Attached Image
[1960_001.pdf](#)

Document ID: 0.7.1219.5249-000002

Owner: Igboechi, Chike </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

Filename: 1960_001.pdf <extracted>

Last Modified: Tue Jan 26 08:42:19 EST 2021



ANDREW M. CUOMO
Governor

**Department
of Health**

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County): NYC Health + Hospitals/Metropolitan - 1901 First Avenue New York, New York 10029	Releasing Provider COVID PIN #: CV1013	Date of Submission: xx/xx/xx 01/25/21
Facility Contact Name and email: enter here Chike Igboechi - Chike.Igboechi@nychhc.org		
Contact Phone #: enter phone number Extension: enter if applicable (5) 2 87		

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC HEALTH + HOSPITAL / HARLEM - 506 Lenox Avenue New York, New York 10037	CV1019	Pfizer # 550 Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date. 01/26/21
Receiving Facility Location Name and Address (including County)		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

To support vaccination demand for expansion of vaccine eligibility 1B

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

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:

NYC Health + Hospitals/Metropolitan

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: 1901 First Avenue

Street address 2:

City: New York

County: New York

State: NY ZIP: 10029

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Igboechi

First name: Chike

Middle initial:

Title: Director of Pharmacy

Licensure state: NY

Licensure number: 043433

Telephone: 87 2 (b)

Email: Chike.Igboechi@nychhc.org

Street address 1: 1901 First Avenue

Street address 2:

City: New York

County: New York

State: NY ZIP: 10029

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Roker

First name: Christopher

Middle initial:

Telephone number: 87 2 (b)

Email: rokerc@nychhc.org

Street address 1: 1901 First Avenue

Street address 2:

City: New York

County: New York

State: NY ZIP: 10029

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: FAROOQI First name: HINNAH Middle initial:
 Telephone number: (872) (b) Email: Hinnah.Farooqi@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Go First name: Hans Middle initial:
 Telephone number: (872) (b) Email: goh@nychhc.org

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: IGBOECHI First name: Chike Middle initial: A
 Signature: (872) (b) Date: 1/26/2021

Chief Executive Officer (chief fiduciary role)

Last name: Roker First name: Christopher Middle initial: A
 Signature: (872) (b) Date: 1.26.21

¹ Requirements incorporated by reference, refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

SUBMIT FORM

From: Russo, Christopher
</o=corpnymchhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e7
26a3-christopher r>

To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>

Cc: Muccino, Paul
</o=corpnymchhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1
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administrative group
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Clarke, Michel </o=corpnymchhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=michel.clarke.nymchhc.org>;
Dibari, Danielle </o=corpnymchhc/ou=exchange administrative
group
(fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b24
7006-dibari, danie>

Bcc:

Subject: COVID Vaccine Redistribution

Date: Mon Jan 11 2021 18:07:40 EST

Attachments: COVID Vaccine Redistribution 1-11-21 p1.tif
COVID Vaccine Redistribution 1-11-21 p2.tif
COVID Vaccine Redistribution 1-11-21 p3.tif

87 2 (b)

CHRISTOPHER RUSSO R.Ph.
Director of Pharmacy
NYC Health + Hospitals | Cumberland
Brooklyn, NY 11205

Document ID: 0.7.1219.5039-000001

Owner: Russo, Christopher </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>

Filename: COVID Vaccine Redistribution 1-11-21 p1.tif

Last Modified: Mon Jan 11 18:07:40 EST 2021



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: NYC Health + Hospitals / Cumberland	COVID Pin #: enter pin # here 3722G01
Facility Contact Name: enter here Christopher Russo	Date of submission: xx/xx/xx 1/11/21
Contact Email: enter email russoc@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) Brooklyn Army Terminal Test + Trace Site	Contact Name and Email Coulmba Sy syc1@NYCHHC.org	CV1114	Moderna 500	Click or tap to enter a date. 1/13/21
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Vaccine Required for Immediate patient vaccination

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Christopher Russo

Date: 1/11/21

Document ID: 0.7.1219.5039-000002

Owner: Russo, Christopher </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>

Filename: COVID Vaccine Redistribution 1-11-21 p2.tif

Last Modified: Mon Jan 11 18:07:40 EST 2021

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: NYC Health + Hospitals / Cumberland	FOR OFFICIAL USE ONLY	<i>VTrcks ID:</i> _____
	<i>Unique COVID-19 Organization ID (from Section A):</i> _____	

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 100 North Portland Avenue	Street address 2:		
City: Brooklyn	County: Kings	State: NY	ZIP: 11205
Telephone: 87 2 (b)	Fax: 87 2 (b)		

Responsible officers

Medical Director (or Equivalent) Information

Last name: Boakye	First name: Cynthia	Middle initial:
Title: Medical Director	Licensure state: NY	Licensure number: 163526
Telephone: 87 2 (b)	Email: cynthia.boakye@nychhc.org	

Street address 1: 100 North Portland Avenue	Street address 2:		
City: Brooklyn	County: Kings	State: NY	ZIP: 11205

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Lewis	First name: Michelle	Middle initial:
Telephone number: 87 2 (b)	Email: lewism9@nychhc.org	

Street address 1: 125 Worth Street	Street address 2:		
City: New York	County: Manhattan	State: NY	ZIP: 10013

Document ID: 0.7.1219.5039-000003

Owner: Russo, Christopher </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>

Filename: COVID Vaccine Restribution 1-11-21 p3.tif

Last Modified: Mon Jan 11 18:07:40 EST 2021

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: **Sy** First name: **Coumba** Middle initial: _____
 Telephone number: **87 2 (b)** Email: **syc1@nychhc.org**

Secondary point of contact for receipt of COVID-19 vaccine

Last name: **Jagroo** First name: **Greg** Middle initial: _____
 Telephone number: **87 2 (b)** Email: **jagroog@nychhc.org**

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: **BOAKIE** First name: **CYNTHIA** Middle Initial: **E.**
 Signature: **87 2 (b)** Date: **01/11/2021**

Last name: **Lewis** First name: **Michelle** Middle Initial: **B**
 Signature: **87 2 (b)** Date: **1/11/2021**

¹ Requirements Inc... <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>

Document ID: 0.7.1219.5250

From: Igboechi, Chike
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>
To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>
Cc: Dibari, Danielle
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b24
7006-dibari, danie>; Fiebert, Lee </o=corpnychhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039
5085-fiebert, lee>; Muccino, Paul </o=corpnychhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1
4459-muccino, paul>
Bcc:
Subject: Pfizer first dose Transfer from Metropolitan to Lincoln
Date: Tue Feb 16 2021 14:04:04 EST
Attachments: FROM METRO TO Lincoln Redistribution Guidance NEW FORM-s22.pdf

87 2 (b)

Chike Igboechi, RPh; PhD; MSIDP
Director of Pharmacy Services
Co-Chair Antimicrobial Stewardship Program
NYC Health + Hospitals/Metropolitan

87 2 (b)

Email: chike.igboechi@nychhc.org

Document ID: 0.7.1219.5250-000001

Owner: Igboechi, Chike </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

Filename: FROM METRO TO Lincoln Redistribution Guidance NEW FORM-s22.pdf

Last Modified: Tue Feb 16 14:04:04 EST 2021



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b)	Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses
			Target date of transfer Click or tap to enter a date. Check if 2 nd Doses <input type="checkbox"/>
			Target date of transfer Click or tap to enter a date. Check if 2 nd Doses <input type="checkbox"/>
			Target date of transfer Click or tap to enter a date. Check if 2 nd Doses <input type="checkbox"/>

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5013

From: Buckner, Althea
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=althea.buckner.nychhc.org>
To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>
Cc: Muccino, Paul
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1
4459-muccino, paul>; THAN, MIN </o=corpnychhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349
d563-than, min>; Huang, Alan </o=corpnychhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0
d29a-huang, alan>
Bcc:
Subject: Vaccine transfer
Date: Fri Jan 15 2021 15:04:57 EST
Attachments: Vaccine Transfer Request.pdf

87 2 (b)

Althea Buckner
Director of Pharmacy
NYC HEALTH + HOSPITALS/GOUVERNEUR
227 Madison St
New York, NY 10002

87 2 (b)

E: althea.buckner@NYCHHC.org

Document ID: 0.7.1219.5013-000001

Owner: Buckner, Althea </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=althea.buckner.nychhc.org>

Filename: Vaccine Transfer Request.pdf

Last Modified: Fri Jan 15 15:04:57 EST 2021



Department of Health

New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: NYC Health + Hospitals/Gotham Health, Gouverneur - 227 Madison Street New York, New York 10002	COVID Pin #: enter pin # here CV1060
Facility Contact Name: enter here Althea Buckner	Date of submission: xx/xx/xx 01/15/21
Contact Email: enter email Althea.Buckner@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) Brooklyn Army Terminal Test and Trace - 140 58th Street, Brooklyn NY 11220	CV1114	Moderna # 200	Click or tap to enter a date. 01/15/21
To (Location) Brooklyn Army Terminal Test and Trace	CV1114	Moderna # 200	Click or tap to enter a date. 01/15/21
To (Location) Brooklyn Army Terminal Test and Trace	CV1114	Moderna # 200	Click or tap to enter a date. 01/15/21

Justification (explain in detail the reason for re-distribution):

To meet vaccination demand

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Althea Buckner

Date: 01/15/21

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:

NYC Health + Hospitals/ Gouverneur

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: 227 Madison Street

Street address 2: _____

City: New York

County: New York

State: NY

ZIP: 10002

Telephone: 87 2 (b)

Fax: _____

Responsible officers

Medical Director (or Equivalent) Information

Last name: Buckner

First name: Althea

Middle initial: _____

Title: Director of Pharmacy

Licensure state: NY

Licensure number: _____

Telephone: 87 2 (b)

Email: Althea.Buckner@nychhc.org

Street address 1: 227 Madison Street

Street address 2: _____

City: New York

County: New York

State: NY

ZIP: 10002

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Lewis

First name: Michelle

Middle initial: _____

Telephone number: 87 2 (b)

Email: LEWISM9@nychhc.org

Street address 1: 125 Worth St.

Street address 2: _____

City: New York

County: New York

State: NY

ZIP: 10013

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Sy First name: Coumba Middle initial:
 Telephone number: 87 2 (b) Email: syc1@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Jagroo First name: Greg Middle initial:
 Telephone number: 87 2 (b) Email: jagroog@nychhc.org

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: Buckner First name: Althea Middle initial:
 Signature: 87 2 (b) Date: 1/15/2021

Chief Executive Officer (chief fiduciary role)

Last name: Lewis First name: Michelle Middle initial: B
 Signature: 87 2 (b) Date: 1/15/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

SUBMIT FORM

Document ID: 0.7.1219.5121

From: Nistico, Anthony
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>
To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>
Cc: Inzerillo, Michael
</o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=michael.inzerillo.nychhc.org
>; Halko, Yuliya </o=corpnychhc/ou=exchange administrative
group
(fydibohf23spdlt)/cn=recipients/cn=165e5f0cb01a43929a3e3f03a09d
f737-halko, yuliya>
Bcc:
Subject: RE: Moderna Vaccine Re-Distribution
Date: Mon Jan 11 2021 15:50:21 EST
Attachments: image001.png
Refrigerated COVID-19 Vaccine Transport Tracking Form.pdf

87 2 (b)

[REDACTED]

[REDACTED]

Anthony Nistico, R.Ph.
Assistant Director
Department of Pharmacy

87 2 (b)

[REDACTED]

Anthony.Nistico@nychhc.org

Coney Island Hospital
2601 Ocean Parkway
Brooklyn, NY 11235

Quality Assurance – Confidential Under Education Law 6527 and Public Health Law 2805-m

Document ID: 0.7.1219.5121-000001

Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

Filename: image001.png

Last Modified: Mon Jan 11 15:50:21 EST 2021

Document ID: 0.7.1219.5121-000002

Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

Filename: Refrigerated COVID-19 Vaccine Transport Tracking Form.pdf

Last Modified: Mon Jan 11 15:50:21 EST 2021

New York State COVID-19 Vaccine Program Guidance for Vaccine Transport

Routine transport of vaccine is not recommended. Each transport increases the risk of exposing vaccine to inappropriate storage conditions, which compromises the viability of vaccines. However, in certain situations transporting vaccine may be necessary.

Any time vaccine is transported, return the completed Transport Tracking Form(s) (pages 4 of this document) to the NYS COVID-19 Vaccine Program via email at covid19vaccine@health.ny.gov

Each receiving location with storage capacity must be enrolled in the COVID-19 Vaccine Program and must follow all storage and handling requirements.

How should vaccine be transported?

1. **Portable vaccine refrigerator units** are considered the **best option** for vaccine transport. Portable vaccine refrigerator units are preferred because they use built-in temperature regulation, controlled by a thermostat, to maintain the temperature and do not require the use of pack out methods to maintain appropriate temperatures.
2. **Use a continuous temperature monitoring device** or digital data logger to monitor temperatures during transport.
3. **Qualified containers and pack outs** are tested under laboratory conditions and are acceptable to use for emergency or short-term vaccine transport, when portable vaccine refrigerator and freezer units are not available.
 - A. Qualified containers do not have built-in temperature regulation to maintain temperature but are known to maintain appropriate temperatures when a qualified pack out method is also used.
 - B. Polystyrene coolers or intact Styrofoam vaccine shipping containers are examples of qualified containers. Soft-sided or collapsible coolers are never acceptable.
 - C. Qualified pack outs require specific supplies and packing procedures to minimize temperature excursions. Refer to the instructions in the ***CDC's: Packing Vaccines for Transport during Emergencies*** on pages 2 and 3.

Use of a **hard-sided insulated cooler**, may be used for short-term or emergency transport, when portable or qualified containers are not available.

4. To transport refrigerated vaccine:

- A. Temperatures during transport are to be maintained between 36°F and 46°F (2°C and 8°C).
- B. Properly maintained pack outs can hold appropriate temperatures for up to 8 hours if left undisturbed.

NOTE: Transport of the COVID-19 vaccine in frozen state is not permitted at any time. COVID-19 vaccine may only be transported at refrigerated temperatures and cannot be re-frozen after transport.

Once Pfizer COVID-19 vaccine is removed from ultra-cold storage it must be used within 120 hours (5 days).

Resources

Centers for Disease Control (CDC), Packing Vaccines for Transport during Emergencies,

<http://www.cdc.gov/vaccines/recs/storage/downloads/emergency-transport.pdf>

Centers for Disease Control (CDC), Vaccine Storage and Handling Toolkit,

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

pages 21-24, 53-54

Packing Vaccines for Transport during Emergencies

Be ready BEFORE the emergency

Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately, and if you can do so safely, follow the emergency packing procedures for refrigerated vaccines.

1 Gather the Supplies



Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.



Insulating material — You will need two of each layer

- **Insulating cushioning material** – Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** – Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



Temperature monitoring device – Digital data logger (DDL) with buffered probe. Accuracy of $\pm 1^{\circ}\text{F}$ ($\pm 0.5^{\circ}\text{C}$) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?

Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Distributed by

Visit www.cdc.gov/vaccines/SandH
for more information, or your state
health department.

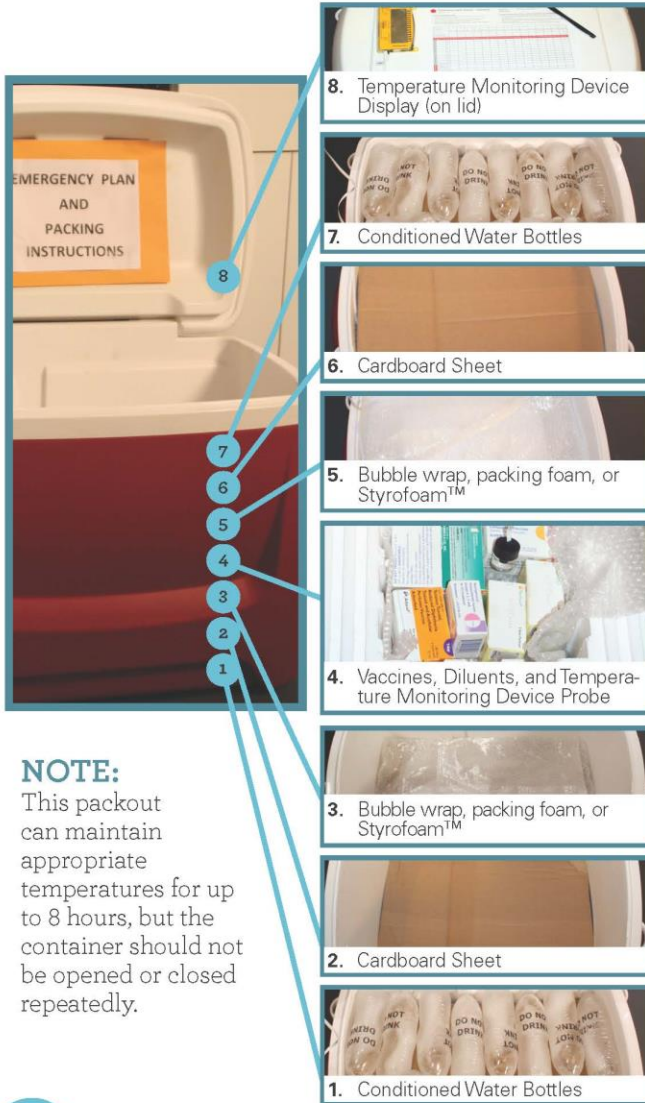
CS249276-I August 2015

Packing Vaccines for Transport during Emergencies

2 Pack for Transport

Conditioning frozen water bottles

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice “sticks,” put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.



Close lid – Close the lid and attach DDL display and temperature log to the top of the lid.

Conditioned frozen water bottles – Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.

Insulating material – Another sheet of cardboard may be needed to support top layer of water bottles.

Insulating material – Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™

Vaccines – Add remaining vaccines and diluents to cooler, covering DDL probe.

Temperature monitoring device – When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.

Vaccines – Stack boxes of vaccines and diluents on top of insulating material.

Insulating material – Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).

Insulating material – Place 1 sheet of corrugated cardboard over water bottles to cover them completely.

Conditioned frozen water bottles – Line bottom of the cooler with a single layer of conditioned water bottles.

NOTE:

This packout can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

3 Arrive at Destination

Before opening cooler – Record date, time, temperature, and your initials on vaccine temperature log.

Storage – Transfer boxes of vaccines quickly to storage refrigerator.

Troubleshooting – If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines “Do Not Use” and store at appropriate temperatures until a determination can be made.

Refrigerated Vaccine Transport Tracking Sheet

Transport between 36° F and 46° F (or between 2° C and 8° C)

Providers must **complete this document** to track transport of NYS COVID-19 vaccine.
Return the completed document to the COVID-19 Vaccine Program by email at covid19vaccine@health.ny.gov

Date of Transport: _____ Name of Provider Releasing Vaccine: _____ PIN _____

**Transport of the COVID-19 vaccine in frozen state is not permitted at any time. COVID-19 vaccine may only be transported at refrigerated temperatures (2° to 8° C) and cannot be re-frozen after transport.
Once Pfizer COVID-19 vaccine is removed from ultra-cold storage it must be used within 120 hours (5 days).**

Temperature of *releasing* storage unit on day of transport: _____ C° F° Time placed in transport container: _____ AM PM

Vaccines to be transported (attach additional sheets if needed):

Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments

Name of Provider Receiving Vaccine (or alternate storage location): _____ PIN _____

Time arrived at receiving location: _____ AM PM Temperature of transport container upon arrival: _____ C° F°

Temperature of *receiving* storage unit: _____ C° F° Maximum temperature reached during transport: _____ C° F°

From: Kanu, Anthony </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc: THAN, MIN </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Muccino, Paul </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d14459-muccino, paul>; Huang, Alan </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>
Bcc:
Subject: NYC Health + Hospitals/East New York Completed Moderna COVID-19 Vaccine Redistribution Form.
Date: Thu Jan 14 2021 12:44:26 EST
Attachments: Doh (1).msg
IMG_5262.jpg

87 2 (b)



Anthony I. Kanu, MS, PharmD, ASHP-PLIC, SIDP-ASC.
Pharmacy Director
East New York Gotham Health Center
2094 Pitkin Ave.
Brooklyn, New York 11207

87 2 (b)



Email: kanua3@nymhc.org

Document ID: 0.7.1219.5083-000001

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: Doh (1).msg <extracted>

Last Modified: Thu Jan 14 12:44:26 EST 2021

To: Kanu, Anthony[kanua3@nychhc.org]
From: anthony kanu
Sent: Thur 1/14/2021 1:47:24 PM
Subject: Doh

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Forward suspect email to spamadmin@nychhc.org as an attachment (Click the More button, then forward as attachment).

Refrigerated Vaccine Transport Tracking Sheet

Transport between 36° F and 46° F (or between 2° C and 8° C)

Providers must **complete this document** to track transport of NYS COVID-19 vaccine.
Return the completed document to the COVID-19 Vaccine Program by email at covid19vaccine@health.ny.gov

Date of Transport: 1/13/21 Name of Provider Releasing Vaccine: Anthony Iwe Kanu PIN 4789G01

Transport of the COVID-19 vaccine in frozen state is not permitted at any time. COVID-19 vaccine may only be transported at refrigerated temperatures (2° to 8° C) and cannot be re-frozen after transport.
Once Pfizer COVID-19 vaccine is removed from ultra-cold storage it must be used within 120 hours (5 days).

Temperature of releasing storage unit on day of transport: 23 C° F° Time placed in transport container: 12:10 AM PM

Vaccines to be transported (attach additional sheets if needed):

Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments
COVID-19	011L20A	MODERNA	2/12/2021	300	Y	
COVID-19	012L20A	MODERNA	2/12/2021	200	Y	

87 2 (b)

Name of Provider Receiving Vaccine (or alternate storage location): [Redacted] Emmyli NP PIN 4789G01

Time arrived at receiving location: 1:00 AM PM
Temperature of transport container upon arrival: -10 C° F°

Temperature of receiving storage unit: 3.7 C° F°
Maximum temperature reached during transport: -5 C° F°

[Sent from Yahoo Mail on Android](#)

Document ID: 0.7.1219.5083-000002

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: IMG_5262.jpg <extracted>

Last Modified: Thu Jan 14 12:44:26 EST 2021

Refrigerated Vaccine Transport Tracking Sheet

Transport between 36° F and 46° F (or between 2° C and 8° C)

Providers must complete this document to track transport of NYS COVID-19 vaccine. Return the completed document to the COVID-19 Vaccine Program by email at covid19vaccine@health.ny.gov

Date of Transport: 1/13/21 Name of Provider Releasing Vaccine: Anthony Iwe Kanu PIN 4789G01

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Temperature of releasing storage unit on day of transport: 23 C° F° Time placed in transport container: 12:10 AM PM

Vaccines to be transported (attach additional sheets if needed):

Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments
COVID-19	011L20A	MODERNA	2/12/2021	300	Y	
COVID-19	012L20A	MODERNA	2/12/2021	200	Y	

872(b) [Redacted]

Name of Provider Receiving Vaccine (or alternate storage location): Emmyli NP PIN 4789G01

Time arrived at receiving location: 1:00 AM PM Temperature of transport container upon arrival: -10 C° F°

Temperature of receiving storage unit: 3.7 C° F° Maximum temperature reached during transport: -5 C° F°

From: Kanu, Anthony </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

To: CovidVaccineRedistribution@health.ny.gov <covidvaccineredistribution@health.ny.gov>

Cc: THAN, MIN </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Muccino, Paul </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d14459-muccino, paul>; Huang, Alan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Bcc:

Subject: NYS_RedistributionGuidance_01022021-00.pdf

Date: Tue Jan 12 2021 12:44:42 EST

Attachments: CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT.pdf
NYS_RedistributionGuidance_01022021-00.pdf

87 2 (b)




Anthony Iwe Kanu
Director of Pharmacy
NYC Health + Hospitals/ East New York
2094 Pitkin Ave.
Brooklyn, NY 11207

87 2 (b)



Document ID: 0.7.1219.5165-000001

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT.pdf

Last Modified: Tue Jan 12 12:44:42 EST 2021

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Kanu First name: Anthony Middle initial: 1
 Telephone number: 87 2 (b) Email: Kanuaz@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: John First name: David Middle initial: _____
 Telephone number: 87 2 (b) Email: david.john@nychhc.org

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: Kanu First name: Anthony Middle initial: 1
 Signature: _____ Date: 1/11/2021

Chief Executive Officer (chief fiduciary role)

Last name: Lewis First name: Michelle Middle initial: B
 Signature: _____ Date: 1/11/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5165-000002

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: NYS_RedistributionGuidancE_01022021-00.pdf

Last Modified: Tue Jan 12 12:44:42 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County:	COVID Pin #: enter pin # here
Facility Contact Name: enter here	Date of submission: xx/xx/xx
Contact Email: enter email	87 2 (b) [redacted] enter phone number Extension: enter extension if applicable

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) Contact Name and Email	87 2 (b) [redacted]		Click or tap to enter a date.
To (Location)			Click or tap to enter a date.
To (Location)			Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Name:

Date:

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: _____	

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: 87 2 (b) First name: Middle initial:
 Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name: 87 2 (b) First name: Middle initial:
 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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5087

From: Nistico, Anthony
</o=corpnymhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>
To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>
Cc: Inzerillo, Michael
</o=corpnymhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=michael.inzerillo.nychhc.org
>; Halko, Yuliya </o=corpnymhc/ou=exchange administrative
group
(fydibohf23spdlt)/cn=recipients/cn=165e5f0cb01a43929a3e3f03a09d
f737-halko, yuliya>
Bcc:
Subject: Moderna Vaccine Re-Distribution
Date: Mon Jan 11 2021 10:27:46 EST
Attachments: image001.png
NYS_RedistributionGuidanceE_01022021.pdf
Refrigerated COVID-19 Vaccine Transport Tracking Form.pdf

87 2 (b)

[REDACTED]

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Quality Assurance – Confidential Under Education Law 6527 and Public Health Law 2805-m

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Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group
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Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group
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Filename: NYS_RedistributionGuidancE_01022021.pdf

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Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County:	COVID Pin #: enter pin # here
Facility Contact Name: enter here	Date of submission: xx/xx/xx
Contact Email: enter email	87 2 (b) phone number Extension: enter extension if applicable

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) Contact Name and Email			Click or tap to enter a date.
To (Location)			Click or tap to enter a date.
To (Location)			Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Name:

Date:

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: 87 2 (b) First name: Middle initial:
 Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name: 87 2 (b) First name: Middle initial:
 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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5087-000003

Owner: Nistico, Anthony </o=corpnyc/hc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

Filename: Refrigerated COVID-19 Vaccine Transport Tracking Form.pdf

Last Modified: Mon Jan 11 10:27:46 EST 2021

New York State COVID-19 Vaccine Program Guidance for Vaccine Transport

Routine transport of vaccine is not recommended. Each transport increases the risk of exposing vaccine to inappropriate storage conditions, which compromises the viability of vaccines. However, in certain situations transporting vaccine may be necessary.

Any time vaccine is transported, return the completed Transport Tracking Form(s) (pages 4 of this document) to the NYS COVID-19 Vaccine Program via email at covid19vaccine@health.ny.gov

Each receiving location with storage capacity must be enrolled in the COVID-19 Vaccine Program and must follow all storage and handling requirements.

How should vaccine be transported?

1. **Portable vaccine refrigerator units** are considered the **best option** for vaccine transport. Portable vaccine refrigerator units are preferred because they use built-in temperature regulation, controlled by a thermostat, to maintain the temperature and do not require the use of pack out methods to maintain appropriate temperatures.
2. **Use a continuous temperature monitoring device** or digital data logger to monitor temperatures during transport.
3. **Qualified containers and pack outs** are tested under laboratory conditions and are acceptable to use for emergency or short-term vaccine transport, when portable vaccine refrigerator and freezer units are not available.
 - A. Qualified containers do not have built-in temperature regulation to maintain temperature but are known to maintain appropriate temperatures when a qualified pack out method is also used.
 - B. Polystyrene coolers or intact Styrofoam vaccine shipping containers are examples of qualified containers. Soft-sided or collapsible coolers are never acceptable.
 - C. Qualified pack outs require specific supplies and packing procedures to minimize temperature excursions. Refer to the instructions in the ***CDC's: Packing Vaccines for Transport during Emergencies*** on pages 2 and 3.

Use of a **hard-sided insulated cooler**, may be used for short-term or emergency transport, when portable or qualified containers are not available.

4. To transport refrigerated vaccine:

- A. Temperatures during transport are to be maintained between 36°F and 46°F (2°C and 8°C).
- B. Properly maintained pack outs can hold appropriate temperatures for up to 8 hours if left undisturbed.

NOTE: Transport of the COVID-19 vaccine in frozen state is not permitted at any time. COVID-19 vaccine may only be transported at refrigerated temperatures and cannot be re-frozen after transport.

Once Pfizer COVID-19 vaccine is removed from ultra-cold storage it must be used within 120 hours (5 days).

Resources

Centers for Disease Control (CDC), Packing Vaccines for Transport during Emergencies,

<http://www.cdc.gov/vaccines/recs/storage/downloads/emergency-transport.pdf>

Centers for Disease Control (CDC), Vaccine Storage and Handling Toolkit,

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

pages 21-24, 53-54

Packing Vaccines for Transport during Emergencies

Be ready BEFORE the emergency

Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately, and if you can do so safely, follow the emergency packing procedures for refrigerated vaccines.

1 Gather the Supplies



Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.



Insulating material — You will need two of each layer

- **Insulating cushioning material** – Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** – Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



Temperature monitoring device – Digital data logger (DDL) with buffered probe. Accuracy of $\pm 1^{\circ}\text{F}$ ($\pm 0.5^{\circ}\text{C}$) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?

Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**



U.S. Department of
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Centers for Disease
Control and Prevention

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Visit www.cdc.gov/vaccines/SandH
for more information, or your state
health department.

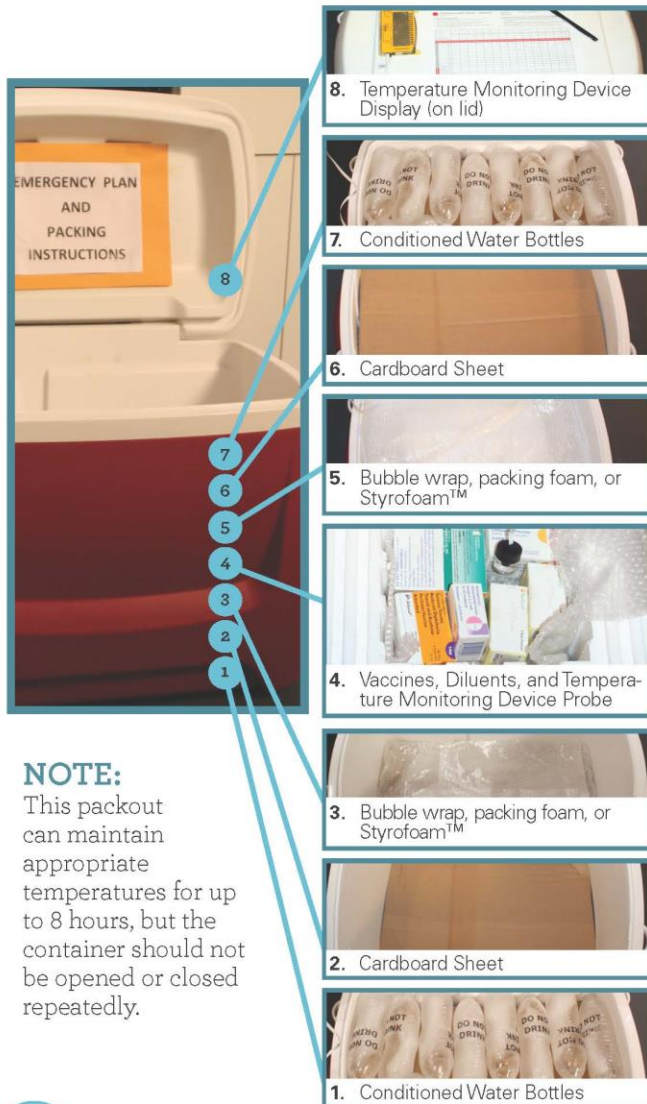
CS249276-I August 2015

Packing Vaccines for Transport during Emergencies

2 Pack for Transport

Conditioning frozen water bottles

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice “sticks,” put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.



8. Temperature Monitoring Device Display (on lid)

7. Conditioned Water Bottles

6. Cardboard Sheet

5. Bubble wrap, packing foam, or Styrofoam™

4. Vaccines, Diluents, and Temperature Monitoring Device Probe

3. Bubble wrap, packing foam, or Styrofoam™

2. Cardboard Sheet

1. Conditioned Water Bottles

NOTE:

This packout can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

Close lid – Close the lid and attach DDL display and temperature log to the top of the lid.

Conditioned frozen water bottles – Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.

Insulating material – Another sheet of cardboard may be needed to support top layer of water bottles.

Insulating material – Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™

Vaccines – Add remaining vaccines and diluents to cooler, covering DDL probe.

Temperature monitoring device – When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.

Vaccines – Stack boxes of vaccines and diluents on top of insulating material.

Insulating material – Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).

Insulating material – Place 1 sheet of corrugated cardboard over water bottles to cover them completely.

Conditioned frozen water bottles – Line bottom of the cooler with a single layer of conditioned water bottles.

3 Arrive at Destination

Before opening cooler – Record date, time, temperature, and your initials on vaccine temperature log.

Storage – Transfer boxes of vaccines quickly to storage refrigerator.

Troubleshooting – If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines “Do Not Use” and store at appropriate temperatures until a determination can be made.

Refrigerated Vaccine Transport Tracking Sheet

Transport between 36° F and 46° F (or between 2° C and 8° C)

Providers must **complete this document** to track transport of NYS COVID-19 vaccine.
Return the completed document to the COVID-19 Vaccine Program by email at covid19vaccine@health.ny.gov

Date of Transport: _____ Name of Provider Releasing Vaccine: _____ PIN _____

Transport of the COVID-19 vaccine in frozen state is not permitted at any time. COVID-19 vaccine may only be transported at refrigerated temperatures (2° to 8° C) and cannot be re-frozen after transport.
Once Pfizer COVID-19 vaccine is removed from ultra-cold storage it must be used within 120 hours (5 days).

Temperature of *releasing* storage unit on day of transport: _____ C° F° Time placed in transport container: _____ AM PM

Vaccines to be transported (attach additional sheets if needed):

Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments

Name of Provider Receiving Vaccine (or alternate storage location): _____ PIN _____

Time arrived at receiving location: _____ AM PM Temperature of transport container upon arrival: _____ C° F°

Temperature of *receiving* storage unit: _____ C° F° Maximum temperature reached during transport: _____ C° F°

Document ID: 0.7.1219.5160

From: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

To: CovidVaccineRedistribution@health.ny.gov <covidvaccineredistribution@health.ny.gov>

Cc: THAN, MIN </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Bcc:

Subject: NYS_COVID-19 Vaccine Redistribution

Date: Mon Jan 11 2021 18:59:01 EST

Attachments: CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT.pdf
NYS_RedistributionGuidancE_01022021.pdf

87 2 (b)



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NYC Health + Hospitals/ East New York
2094 Pitkin Ave.
Brooklyn, NY 11207

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Document ID: 0.7.1219.5160-000001

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT.pdf

Last Modified: Mon Jan 11 18:59:01 EST 2021

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Kanu First name: Anthony Middle initial: I
 Telephone number: 87 2 (b) Email: Kanuaz@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: John First name: David Middle initial: _____
 Telephone number: 87 2 (b) Email: david.john@nychhc.org

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.
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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: Kanu First name: Anthony Middle initial: I
 Signature: 87 2 (b) Date: 1/11/2021

Chief Executive Officer (chief fiduciary role)

Last name: Lewis First name: Michelle Middle initial: B
 Signature: 87 2 (b) Date: 1/11/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5160-000002

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

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Department of Health

ANDREW M. CUOMO
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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

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- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
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HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

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- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
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- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County:	COVID Pin #: enter pin # here
Facility Contact Name: enter here	Date of submission: xx/xx/xx
Contact Email: enter email	87 2 (b) phone number Extension: enter extension if applicable

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) Contact Name and Email	87 2 (b)		Click or tap to enter a date.
To (Location)			Click or tap to enter a date.
To (Location)			Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Name:

Date:

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:

87 2 (b)

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

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:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: _____ First name: _____ Middle initial: _____
 87 2 (b) _____ Email: _____

Secondary point of contact for receipt of COVID-19 vaccine

Last name: _____ First name: _____ Middle initial: _____
 87 2 (b) _____ 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: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5226

From: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: Moderna COVID-19 Vaccine Transport Tracking Sheet
Date: Mon Feb 01 2021 13:42:59 EST
Attachments: NYC Health + Hospitals East New York Refrigerated Vaccine Transport Tracking Sheet.pdf

87 2 (b)

Anthony I. Kanu, MS, PharmD, ASHP-PLIC, SIDP-ASC.
Pharmacy Director
East New York Gotham Health Center
2094 Pitkin Ave.
Brooklyn, New York 11207

87 2 (b)

Email: kanua3@nychhc.org

Anthony I. Kanu, MS, PharmD, ASHP-PLIC, SIDP-ASC.
Pharmacy Director
East New York Gotham Health Center
2094 Pitkin Ave.
Brooklyn, New York 11207

87 2 (b)

Email: kanua3@nychhc.org

Document ID: 0.7.1219.5226-000001

Owner: Kanu, Anthony </o=corpnyc/hc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: NYC Health + Hospitals East New York Refrigerated Vaccine Transport Tracking Sheet.pdf

Last Modified: Mon Feb 01 13:42:59 EST 2021

Refrigerated Vaccine Transport Tracking Sheet

Transport between 36° F and 46° F (or between 2° C and 8° C)

Providers must **complete this document** to track transport of NYS COVID-19 vaccine.
Return the completed document to the COVID-19 Vaccine Program by email at covid19vaccine@health.ny.gov

Date of Transport: 1/29/21 Name of Provider Releasing Vaccine: NYC Health + Hospitals/ENY PIN CV1062

Transport of the COVID-19 vaccine in frozen state is not permitted at any time. COVID-19 vaccine may only be transported at refrigerated temperatures (2° to 8° C) and cannot be re-frozen after transport.
Once Pfizer COVID-19 vaccine is removed from ultra-cold storage it must be used within 120 hours (5 days).

Temperature of *releasing* storage unit on day of transport: 39 C° F° Time placed in transport container: 10:52 AM PM

Vaccines to be transported (attach additional sheets if needed):

Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments
COVID-19	032L20A	MODERNA	2/28/2021	500	Y	

Name of Provider Receiving Vaccine (or alternate storage location): Brooklyn Army Terminal Test and Trace PIN CV1114

Time arrived at receiving location: 1146 AM PM Temperature of transport container upon arrival: 3~ C° F°

Temperature of *receiving* storage unit: 400 C° F° Maximum temperature reached during transport: _____ C° F°

From: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc/ou=exchange administrative group>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc: Jimenez, Jonathan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c3364961c58-jimenez, jona>; Keeley, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>; Huang, Alan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>; Dibari, Danielle </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b247006-dibari, danie>; THAN, MIN </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>
Bcc:
Subject: RE: (SXX) --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)
Date: Fri Feb 12 2021 13:52:57 EST
Attachments: image001.png
image004.jpg

87 2 (b)

[Redacted]

[Redacted],

Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: 87 2 (b)
Chris.Lacayo@nyc/ou=exchange

Pronouns: she, her, hers

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Friday, February 12, 2021 1:16 PM

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

COVID Vaccine Redistribution Team
New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Sent: Friday, February 12, 2021 12:31
To: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Cc: Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>
Subject: RE: SXX --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)

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[Redacted]

87 2 (b)



Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: 87 2 (b)
Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Lacayo, Chris
Sent: Friday, February 12, 2021 11:42 AM
To: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>;
THAN, MIN <thanm@nychhc.org>; 'CovidVaccineRedistribution@health.ny.gov'
<CovidVaccineRedistribution@health.ny.gov>
Cc: Jonathan Jimenez (Jonathan.Jimenez@nychhc.org) <Jonathan.Jimenez@nychhc.org>;
Chris Keeley (Chris.Keeley@nychhc.org) <Chris.Keeley@nychhc.org>
Subject: SXX --- Emergency Transfer from Brooklyn Army Terminal

87 2 (b)

Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: 87 2 (b)
Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Jimenez, Jonathan
Sent: Thursday, January 14, 2021 2:35 PM
To: CovidVaccineRedistribution@health.ny.gov
Cc: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>;
THAN, MIN <thanm@nychhc.org>
Subject: Emergency Transfer from Brooklyn Army Terminal

87 2
(b)

87 2 (b)

[REDACTED]

Jonathan Jimenez, MD, MPH
Medical Director, Test & Trace Corps
Cell: 87 2 (b)

Visit www.nychealthandhospitals.org

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Document ID: 0.7.1219.5229-000001

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=lacayoc.nychhc.org>

Filename: image001.png

Last Modified: Fri Feb 12 13:52:57 EST 2021

NYC

HEALTH

HOSPITALS

image001.png for Printed Item: 5

Attachment

1 of 2)

Test & Trace

Corps

Document ID: 0.7.1219.5229-000002

Owner: Lacayo, Chris </o=corpnyc/hc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc/hc.org>

Filename: image004.jpg

Last Modified: Fri Feb 12 13:52:57 EST 2021

From: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nychhc.org>

To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>; Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nychhc.org>

Cc: Goldenberg, Shifra </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=a7b7803fec53444faf6896be11304272-goldenberg, s>; Jimenez, Jonathan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c3364961c58-jimenez, jona>; Muccino, Paul </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d14459-muccino, paul>; Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>; Kwong, Jeffrey </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0a2b9-kwong, jeffre>; Suri, Tarun </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624ea85-suri, tarun>; THAN, MIN </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Bcc:

Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx (Part 1 of 2)

Date: Fri Feb 12 2021 12:38:24 EST

Attachments: FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
FROM BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
FROM BAT TO METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
image001.png
image004.png
image005.jpg

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Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: (332) 208-2165
Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Keeley, Chris
Sent: Thursday, February 11, 2021 10:25 PM
To: 'DOH.sm.CovidVaccineRedistribution' <CovidVaccineRedistribution@health.ny.gov>;
Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.
Jimenez@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.
huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.
org>; THAN, MIN <thanm@nychhc.org>
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to
NYC H+H NC Bronx

87 2 (b)



87 2 (b)

Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals
87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, February 11, 2021 6:03 PM
To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

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COVID Vaccine Redistribution Team
New York State Department of Health

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, February 11, 2021 17:43
To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites

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COVID Vaccine Redistribution Team
New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Sent: Thursday, February 11, 2021 15:47
To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>
Subject: RE: 2nd Dose Moderna doses
Importance: High

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_____:

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Chris Lacayo
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Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: 87 2 (b)
Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Muccino, Paul
Sent: Thursday, February 11, 2021 11:53 AM
To: Keeley, Chris <Chris.Keeley@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>
Cc: Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>
Subject: 2nd Dose Moderna doses

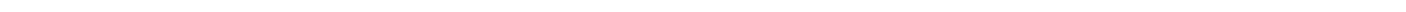
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Paul Muccino, MS, RPh
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Central Office Business Operations
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Document ID: 0.7.1219.5225-000001

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc.org>

Filename: FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Last Modified: Fri Feb 12 12:38:24 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) [REDACTED]	enter phone number Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one releasing vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5225-000002

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc.org>

Filename: FROM BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Last Modified: Fri Feb 12 12:38:24 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b)	: enter phone number Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5225-000003

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdl)
/cn=recipients/cn=lacayoc.nyc.org>

Filename: FROM BAT TO METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Last Modified: Fri Feb 12 12:38:24 EST 2021



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) #: enter phone number	Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5225-000004

Owner: Lacayo, Chris </o=corpnyc/hc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc/hc.org>

Filename: image001.png

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Document ID: 0.7.1219.5225-000005

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: image004.png

Last Modified: Fri Feb 12 12:38:24 EST 2021

Document ID: 0.7.1219.5225-000006

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=lacayoc.nychhc.org>

Filename: image005.jpg

Last Modified: Fri Feb 12 12:38:24 EST 2021

From: Cook, Andrew </o=corpnymhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b548b2-cook, andrew>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
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[REDACTED]

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Dianne V Connell
COVID Vaccine Redistribution Team
New York State Department of Health

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Subject: COVID-19 Vaccine Redistribution - From Ambulnz-RRT to NYC Health +

Hospitals/Gotham Health

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Manager - COVID-19 Test + Trace Corps Mobile Testing & Vaccination
NYC Health + Hospitals
E: cooka4@nychhc.org
M: 87 2 (b)
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Pronouns: he, his, him

Visit www.nychealthandhospitals.org

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Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) #: enter phone number	Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

*VT*TrckS 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:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: 87 2 (b) First name: Middle initial:
 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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

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Andy Cook, MHA

Manager - COVID-19 Test + Trace Corps Mobile Testing & Vaccination

NYC Health + Hospitals

E: cooka4@nychhc.org

M: 87 2 (b)

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[SSnjPG6jKFUza__HSSgnm7p0o9JCilJ1J5vcLo/http%3A%2F%2Fwww.testandtrace.nyc](http://secure-web.cisco.com/1D6watZVnXha5_Hu2jV4RUzN8DXZQUSg_o4YmFRCvhaxlvTCxeRr-)

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**Department
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COVID-19 Vaccination Program Redistribution

January 23, 2021

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- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) [REDACTED]	: enter phone number Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: 87 2 (b) First name: Middle initial:
 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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

From: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo.nyc/ou=exchange>
To: Huang, Alan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>; Dibari, Danielle </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b247006-dibari, danie>; THAN, MIN </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; CovidVaccineRedistribution@health.ny.gov <covidvaccineredistribution@health.ny.gov>
Cc: Jimenez, Jonathan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c3364961c58-jimenez, jona>; Keeley, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Bcc:
Subject: RE: SXX --- Emergency Transfer from Brooklyn Army Terminal (Part 1 of 2)
Date: Fri Feb 12 2021 12:30:09 EST
Attachments: BAT to Bellevue 1.14.2021.pdf
BAT to Coney Island 1.14.2021.pdf
BAT to Elmhurst 1.14.21.pdf
image001.png

87 2 (b)



Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: 87 2 (b)
Chris.Lacayo@nyc/ou=exchange

Pronouns: she, her, hers

From: Lacayo, Chris
Sent: Friday, February 12, 2021 11:42 AM
To: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>;
THAN, MIN <thanm@nychhc.org>; 'CovidVaccineRedistribution@health.ny.gov'
<CovidVaccineRedistribution@health.ny.gov>
Cc: Jonathan Jimenez (Jonathan.Jimenez@nychhc.org) <Jonathan.Jimenez@nychhc.org>;
Chris Keeley (Chris.Keeley@nychhc.org) <Chris.Keeley@nychhc.org>
Subject: SXK --- Emergency Transfer from Brooklyn Army Terminal

87 2 (b)

Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: 87 2 (b)
Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Jimenez, Jonathan
Sent: Thursday, January 14, 2021 2:35 PM
To: CovidVaccineRedistribution@health.ny.gov
Cc: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>;
THAN, MIN <thanm@nychhc.org>
Subject: Emergency Transfer from Brooklyn Army Terminal

87 2

(b)

Jonathan Jimenez, MD, MPH
Medical Director, Test & Trace Corps
Cell: 87 2 (b)

Document ID: 0.7.1219.5216-000001

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdl)
/cn=recipients/cn=lacayo@nyc.gov>

Filename: BAT to Bellevue 1.14.2021.pdf

Last Modified: Fri Feb 12 12:30:09 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

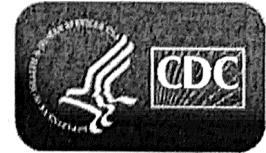
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: **Brooklyn Army Terminal Test and Trace**

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: **140 58th Street** Street address 2: _____
 City: **New York** County: **Brooklyn** State: **NY** ZIP: **11220**
 Telephone: **87 2 (b)** Fax: _____

Responsible officers

Medical Director (or Equivalent) Information

Last name: **Jimenez** First name: **Jonathan** Middle initial: _____
 Title: **Medical Director** Licensure state: **NY** Licensure number: **300198**
 Telephone: **87 2 (b)** Email: **Jonathan.Jimenez@nychhc.org**

Street address 1: **55 Water St** Street address 2: **26 floor**
 City: **New York** County: **New York** State: **NY** ZIP: **10041**

Chief Executive Officer (or Chief Fiduciary) Information

Last name: **McLeod** First name: **Sheldon** Middle initial: _____
 Telephone number: **87 2 (b)** Email: **Sheldon.McLeod@nychhc.org**

Street address 1: **451 Clarkson Ave** Street address 2: _____
 City: **New York** County: **Brooklyn** State: **NY** ZIP: **11203**

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Morgan First name: Beverly Middle initial: _____
 Telephone number: 87 2 (b) Email: Beverly.morgan@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Ortiz First name: Pedro Middle initial: _____
 Telephone number: 87 2 (b) Email: pedro.ortiz@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 11/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: ?
 Signature: 87 2 (b) Date: 11/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Bellevue 462 First Avenue New York, New York 10016				
To (Location) NYC Health + Hospitals/Bellevue	Contact Name and Email Beverly Morgan Beverly.Morgan@nychhc.org	CV1016	Moderna #120	Click or tap to enter a date. 1/14/2021
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **1/14/2021**

Document ID: 0.7.1219.5216-000002

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: BAT to Coney Island 1.14.2021.pdf

Last Modified: Fri Feb 12 12:30:09 EST 2021

Copy



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

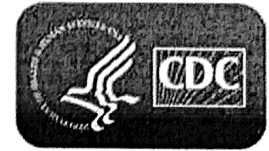
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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:

Brooklyn Army Terminal Test and Trace

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: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water St

Street address 2: 26 floor

City: New York

County: New York

State: NY ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Haiko First name: Yuliya Middle initial: _____
 Telephone number: 87 2 (b) Email: haikoy@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Nistico First name: Anthony Middle initial: _____
 Telephone number: 87 2 (b) Email: Anthony.nistico@nychhc.org

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: Timerez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 11/4/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: 2
 Signature: 87 2 (b) Date: 11/4/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) NYC Health + Hospitals/Coney Island	Contact Name and Email Yuliya Halko halkoy@nychhc.org	CV1017	Moderna #70	Click or tap to enter a date. 1/14/2021
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **1/14/2021**

Document ID: 0.7.1219.5216-000003

Owner: Lacayo, Chris </o=corpnyc/hc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc/hc.org>

Filename: BAT to Elmhurst 1.14.21.pdf

Last Modified: Fri Feb 12 12:30:09 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

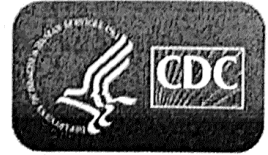
- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



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:

Brooklyn Army Terminal Test and Trace

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: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water St

Street address 2: 26 floor

City: New York

County: New York

State: NY

ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Barber First name: Peter Middle initial:
 Telephone number: 87 2 (b) Email: Barberp@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Cortez First name: Theresa Middle initial:
 Telephone number: 87 2 (b) Email: Cortezt@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Telephone number: 87 2 (b) Date: 1/14/21
 Signature: _____

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELTON Middle initial: S
 Telephone number: 87 2 (b) Date: 1/14/21
 Signature: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage_handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Elmhurst 79-01 Broadway Elmhurst, New York 11373				
To (Location) NYC Health + Hospitals/Elmhurst	Contact Name and Email Peter Barber Barberp@nychhc.org	CV1014	Moderna #130	Click or tap to enter a date. 1/14/2021
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **1/14/2021**

Document ID: 0.7.1219.5216-000004

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: image001.png

Last Modified: Fri Feb 12 12:30:09 EST 2021

From: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nyc/ou=exchange>
To: Huang, Alan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>; Dibari, Danielle </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b247006-dibari, danie>; THAN, MIN </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349d563-than, min>; CovidVaccineRedistribution@health.ny.gov <covidvaccineredistribution@health.ny.gov>
Cc: Jimenez, Jonathan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c3364961c58-jimenez, jona>; Keeley, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Bcc:
Subject: RE: SXX --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)
Date: Fri Feb 12 2021 12:31:22 EST
Attachments: BAT to Harlem 1.14.2021.pdf
BAT to Jacobi 1.14.2021.pdf
BAT to Kings County 1.14.2021.pdf
BAT to Lincoln 1.14.2021.pdf
BAT to Queens 1.14.2021.pdf
image001.png

87 2 (b)



Chris Lacayo
Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care
Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson
Work Cell: (87 2 (b))

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Lacayo, Chris

Sent: Friday, February 12, 2021 11:42 AM

To: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>; THAN, MIN <thanm@nychhc.org>; 'CovidVaccineRedistribution@health.ny.gov' <CovidVaccineRedistribution@health.ny.gov>

Cc: Jonathan Jimenez (Jonathan.Jimenez@nychhc.org) <Jonathan.Jimenez@nychhc.org>; Chris Keeley (Chris.Keeley@nychhc.org) <Chris.Keeley@nychhc.org>

Subject: SXK --- Emergency Transfer from Brooklyn Army Terminal

87 2 (b)

Chris Lacayo

Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care

Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson

Work Cell: (87 2 (b))

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Jimenez, Jonathan

Sent: Thursday, January 14, 2021 2:35 PM

To: CovidVaccineRedistribution@health.ny.gov

Cc: Huang, Alan <alan.huang@nychhc.org>; Dibari, Danielle <Danielle.DiBari@nychhc.org>; THAN, MIN <thanm@nychhc.org>

Subject: Emergency Transfer from Brooklyn Army Terminal

87 2

(b)

Jonathan Jimenez, MD, MPH

Medical Director, Test & Trace Corps

Cell: 87 2 (b)



Document ID: 0.7.1219.5222-000001

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdl)
</cn=recipients/cn=lacayo@nyc.gov>

Filename: BAT to Harlem 1.14.2021.pdf

Last Modified: Fri Feb 12 12:31:22 EST 2021

H



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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:

Brooklyn Army Terminal Test and Trace

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: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water Street

Street address 2:

City: New York

County: New York

State: NY

ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Farooqi First name: Hinnah Middle initial: _____
 Telephone number: 87 2 (b) Email: Hinnah.Farooqi@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Go First name: Hans Middle initial: _____
 Telephone number: 87 2 (b) Email: goh@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: ?
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



**Department
of Health**

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC HEALTH + HOSPITAL / HARLEM 506 Lenox Avenue New York, New York 10037			
To (Location) NYC HEALTH + HOSPITAL / HARLEM	Contact Name and Email HINNAH FAROOQI - Hinnah.Farooqi@nychhc.org	CV1019	Moderna # 50
To (Location)			Click or tap to enter a date. 01/14/21
To (Location)			Click or tap to enter a date.
To (Location)			Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Chris Keeley

Date: 01/14/21

Document ID: 0.7.1219.5222-000002

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: BAT to Jacobi 1.14.2021.pdf

Last Modified: Fri Feb 12 12:31:22 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace	FOR OFFICIAL USE ONLY	<i>VTrckS</i> ID: _____
	Unique COVID-19 Organization ID (from Section A): _____	

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street		Street address 2:	
City: New York	County: Brooklyn	State: NY	ZIP: 11220
Telephone: 87 2 (b)	Fax:		

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez	First name: Jonathan	Middle initial:
Title: Medical Director	Licensure state: NY	Licensure number: 300198
Telephone: 87 2 (b)	Email: Jonathan.Jimenez@nychhc.org	
Street address 1: 55 Water Street		Street address 2:
City: New York	County: New York	State: NY ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod	First name: Sheldon	Middle initial:
Telephone number: 87 2 (b)	Email: Sheldon.McLeod@nychhc.org	
Street address 1: 451 Clarkson Ave		Street address 2:
City: New York	County: Brooklyn	State: NY ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Leighton First name: Rosemarie Middle initial: _____
 Telephone number: 87 2 (b) Email: rosemarie.Leighton@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Pompa First name: Manfredo Middle initial: _____
 Telephone number: 87 2 (b) Email: manfredo.pompa@nychhc.org

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: Jimenez First name: Jonathan Middle initial: _____
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: ?
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) NYC Health + Hospitals/Jacobi	Contact Name and Email Rosemarie Leighton - Rosemarie.Leighton@nychhc.org	CV1020	Moderna # 90	Click or tap to enter a date. 1/14/21
To (Location)				Click or tap to enter a date
To (Location)				Click or tap to enter a date

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Chris Keeley

Date: 1/14/21

Document ID: 0.7.1219.5222-000003

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: BAT to Kings County 1.14.2021.pdf

Last Modified: Fri Feb 12 12:31:22 EST 2021

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ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

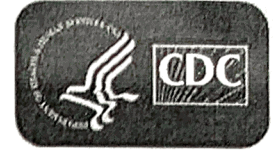
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace	FOR OFFICIAL USE ONLY <u> </u> <i>Unique COVID-19 Organization ID (from Section A):</i>	<i>VTrckS ID:</i> <u> </u>
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Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street	Street address 2: <u> </u>		
City: New York	County: Brooklyn	State: NY	ZIP: 11220
Telephone: 87 2 (b)	Fax: <u> </u>		

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez	First name: Jonathan	Middle initial: <u> </u>
Title: Medical Director	Licensure state: NY	Licensure number: 300198
Telephone: 87 2 (b)	Email: Jonathan.Jimenez@nychhc.org	

Street address 1: 55 Water Street	Street address 2: <u> </u>		
City: New York	County: New York	State: NY	ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod	First name: Sheldon	Middle initial: <u> </u>
Telephone number: 87 2 (b)	Email: Sheldon.McLeod@nychhc.org	

Street address 1: 451 Clarkson Ave	Street address 2: <u> </u>		
City: New York	County: Brooklyn	State: NY	ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Pod First name: Zoraya Middle initial: _____
 Telephone number: 87 2 (b) Email: podz@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Eng First name: Morris Middle initial: _____
 Telephone number: 87 2 (b) Email: engm2@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Telephone number: 87 2 (b) Date: 1/14/21
 Signature: _____

Chief Executive Officer (Chief Financial Officer)

Last name: McLeod First name: SHELDON Middle initial: ?
 Telephone number: 87 2 (b) Date: 1/14/2021
 Signature: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Kings County - 451 Clarkson Avenue Brooklyn, New York 11203				
To (Location) NYC Health + Hospitals/Kings County	Contact Name and Email Zoraya Pod - Podz@nychhc.org	CV0046	Moderna # 90	Click or tap to enter a date. 01/14/21
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **01/14/21**

Document ID: 0.7.1219.5222-000004

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Lincoln 1.14.2021.pdf

Last Modified: Fri Feb 12 12:31:22 EST 2021



ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

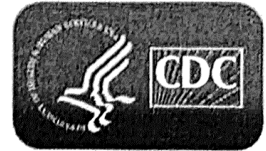
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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:

Brooklyn Army Terminal Test and Trace

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: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water Street

Street address 2:

City: New York

County: New York

State: NY

ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Iqbal First name: Nasir Middle initial: _____
 Telephone number: 87 2 (b) Email: iqbarn@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Alapatt First name: Sebastian Middle initial: _____
 Telephone number: 87 2 (b) Email: sebastian.alapatt@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: S
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) NYC Health + Hospitals/Lincoln	Contact Name and Email Nasir Iqbal - iqbal@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYC Health + Hospitals/Lincoln	Nasir Iqbal - iqbal@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYC Health + Hospitals/Lincoln	Nasir Iqbal - iqbal@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21

1/14/21
1/14/21

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **01/14/21**

Document ID: 0.7.1219.5222-000005

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: BAT to Queens 1.14.2021.pdf

Last Modified: Fri Feb 12 12:31:22 EST 2021

Q



ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

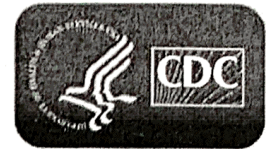
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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:

Brooklyn Army Terminal Test and Trace

FOR OFFICIAL USE ONLY

VTrckSID:

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

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water Street

Street address 2:

City: New York

County: New York

State: NY ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Sarnoski-Brocavich First name: Sheila Middle initial: _____
Telephone number: 87 2 (b) Email: Brokavis@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Rao First name: Premprakash Middle initial: _____
Telephone number: 87 2 (b) Email: raopr@nychhc.org

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: Tinienez First name: Jonathan Middle initial: —
Signature: _____ Date: 11/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: P
Signature: _____ Date: 11/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC HEALTH + HOSPITAL/ QUEENS - 82-68 164th Street, Jamaica, NY 11432				
To (Location) NYC HEALTH + HOSPITAL/ QUEENS	Contact Name and Email Sheila Samoski-Brocavich - BROKAVIS@nychhc.org	CV1018	Moderna # 100	Click or tap to enter a date. 01/14/21
To (Location) NYC HEALTH + HOSPITAL/ QUEENS	Sheila Samoski-Brocavich - BROKAVIS@nychhc.org	CV1018	Moderna # 100	Click or tap to enter a date. 01/14/21
To (Location) NYC HEALTH + HOSPITAL/ QUEENS	Sheila Samoski-Brocavich - BROKAVIS@nychhc.org	CV1018	Moderna # 100	Click or tap to enter a date. 01/14/21

Justification (explain in detail the reason for re-distribution):
Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **01/14/21**

1/14/21
1/14/21

Document ID: 0.7.1219.5222-000006

Owner: Lacayo, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=lacayo@nyc.gov>

Filename: image001.png

Last Modified: Fri Feb 12 12:31:22 EST 2021

From: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx
Date: Fri Feb 12 2021 09:11:03 EST
Attachments: FROM BAT TO CONEY Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
image001.jpg
image003.jpg
image005.jpg

87
2

Chris Keeley
NYC Health + Hospitals
87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Friday, February 12, 2021 8:53 AM
To: Keeley, Chris <Chris.Keeley@nychhc.org>; THAN, MIN <thanm@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>
Cc: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

87 2 (b)

From: chris.keeley@nychhc.org <chris.keeley@nychhc.org>
Sent: Thursday, 11 February, 2021 22:48
To: thanm@nychhc.org; surit@nychhc.org; chris.keeley@nychhc.org; jonathan.jimenez@nychhc.org; chris.lacayo@nychhc.org; kwongj1@nychhc.org; goldenbs1@nychhc.org; alan.huang@nychhc.org; mucchinop@nychhc.org; DOH.sm.CovidVaccineRedistribution

<CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

chris.keeley@nychhc.org sent you a secure message

87 2 (b)

[Redacted]

[Redacted]

[Redacted]

Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals

87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Thursday, February 11, 2021 6:03 PM

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Forward suspect email to spamadmin@nychhc.org as an attachment (Click the More button, then forward as attachment).

87 2 (b)

[REDACTED]

COVID Vaccine Redistribution Team

New York State Department of Health

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Thursday, February 11, 2021 17:43

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites

87 2 (b)

[REDACTED]

COVID Vaccine Redistribution Team

New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Sent: Thursday, February 11, 2021 15:47

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Keeley, Chris <Chris.



Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>

Subject: RE: 2nd Dose Moderna doses

Importance: High

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

87 2 (b)

Chris Lacayo

Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care

Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson

Work Cell: 87 2 (b)

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Muccino, Paul

Sent: Thursday, February 11, 2021 11:53 AM

To: Keeley, Chris <Chris.Keeley@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>

Cc: Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>

Subject: 2nd Dose Moderna doses

87 2 (b)

Paul Muccino, MS, RPh

Senior Assistant Vice President Business Operations

Central Office Business Operations

New York City Health + Hospitals

Office: 87 2 (b)

E-Mail: muccinop@nychhc.org

Central Office

160 Water Street, 13th Floor

New York, NY 10038

Visit

www.nychealthandhospitals.org

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Attachments expire on Mar 14, 2021

1 file

Emergency Transfer from Brooklyn Army Terminal .msg

7 PDFs

FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM
BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO
METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BATHGATE TO NCB
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO Bellevue
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO CONEY Redistribution
Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO ELM Redistribution Guidance
1.23.21 New Form_CK_JJ.pdf

Document ID: 0.7.1219.5345-000001

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: FROM BAT TO CONEY Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Last Modified: Fri Feb 12 09:11:03 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) : enter phone number	Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Click or tap to enter a date.
		Check if 2 nd Doses <input type="checkbox"/>	
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Click or tap to enter a date.
		Check if 2 nd Doses <input type="checkbox"/>	
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Click or tap to enter a date.
		Check if 2 nd Doses <input type="checkbox"/>	

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5345-000002

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Last Modified: Fri Feb 12 09:11:03 EST 2021

Document ID: 0.7.1219.5345-000003

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Last Modified: Fri Feb 12 09:11:03 EST 2021

Document ID: 0.7.1219.5345-000004

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Last Modified: Fri Feb 12 09:11:03 EST 2021

Document ID: 0.7.1219.5368

From: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx
Date: Fri Feb 12 2021 09:10:37 EST
Attachments: Emergency Transfer from Brooklyn Army Terminal (1).msg
BAT to Bellevue 1.14.2021.pdf
BAT to Coney Island 1.14.2021.pdf
BAT to Elmhurst 1.14.21.pdf
BAT to Harlem 1.14.2021.pdf
BAT to Jacobi 1.14.2021.pdf
BAT to Kings County 1.14.2021.pdf
BAT to Lincoln 1.14.2021.pdf
BAT to Queens 1.14.2021.pdf
image001.jpg
image003.jpg
image005.jpg

87 2 (b)

Chris Keeley
NYC Health + Hospitals
87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Friday, February 12, 2021 8:53 AM
To: Keeley, Chris <Chris.Keeley@nychhc.org>; THAN, MIN <thanm@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>
Cc: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

87 2 (b)

[Redacted]

87 2 (b)

From: chris.keeley@nychhc.org <chris.keeley@nychhc.org>
Sent: Thursday, 11 February, 2021 22:48
To: thanm@nychhc.org; surit@nychhc.org; chris.keeley@nychhc.org; jonathan.jimenez@nychhc.org; chris.lacayo@nychhc.org; kwongj1@nychhc.org; goldenbs1@nychhc.org; alan.huang@nychhc.org; muccinop@nychhc.org; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

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chris.keeley@nychhc.org sent you a secure message

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[Redacted content]

87 2 (b)

[Redacted content]

87 2 (b)



Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals

87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, February 11, 2021 6:03 PM
To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx
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COVID Vaccine Redistribution Team
New York State Department of Health
From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, February 11, 2021 17:43
To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites

87 2 (b)



COVID Vaccine Redistribution Team
New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Sent: Thursday, February 11, 2021 15:47

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>

Subject: RE: 2nd Dose Moderna doses

Importance: High

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Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care

Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson

Work Cell: 87 2 (b)

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Muccino, Paul

Sent: Thursday, February 11, 2021 11:53 AM

To: Keeley, Chris <Chris.Keeley@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>

Cc: Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>

Subject: 2nd Dose Moderna doses

87 2 (b)

Paul Muccino, MS, RPh

Senior Assistant Vice President Business Operations

Central Office Business Operations

New York City Health + Hospitals

Office: 87 2 (b)

E-Mail: muccinop@nychhc.org

Central Office

160 Water Street, 13th Floor

New York, NY 10038

Visit

www.nychealthandhospitals.org

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Attachments expire on Mar 14, 2021

1 file

Emergency Transfer from Brooklyn Army Terminal .msg

7 PDFs

FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BATHGATE TO NCB Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO Bellevue Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO CONEY Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO ELM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Document ID: 0.7.1219.5368-000001

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: Emergency Transfer from Brooklyn Army Terminal (1).msg <extracted>

Last Modified: Fri Feb 12 09:10:37 EST 2021

Emergency Transfer from Brooklyn Army Terminal (1).msg -extracted- for Printed Item: 87 (Attachment 1 of 12)

To: CovidVaccineRedistribution@health.ny.gov[CovidVaccineRedistribution@health.ny.gov]
Cc: Huang, Alan[alan.huang@nychhc.org]; Dibari, Danielle[Danielle.DiBari@nychhc.org]; THAN, MIN[thanm@nychhc.org]
From: Jimenez, Jonathan
Sent: Thur 1/14/2021 7:34:34 PM
Subject: Emergency Transfer from Brooklyn Army Terminal
[BAT Emergency Transfer 1.14.2021.zip](#)

87 2

(1)

Jonathan Jimenez, MD, MPH
Medical Director, Test & Trace Corps

87 2 (b)

Document ID: 0.7.1219.5368-000002

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Filename: BAT to Bellevue 1.14.2021.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

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- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
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- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

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HOW DO I SAFELY TRANSPORT VACCINE?

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- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
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CDC Supplemental COVID-19 Vaccine Redistribution Agreement



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Organization information

Organization/facility name: **Brooklyn Army Terminal Test and Trace**

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: **140 58th Street** Street address 2: _____
 City: **New York** County: **Brooklyn** State: **NY** ZIP: **11220**
 Telephone: **87 2 (b)** Fax: _____

Responsible officers

Medical Director (or Equivalent) Information

Last name: **Jimenez** First name: **Jonathan** Middle initial: _____
 Title: **Medical Director** Licensure state: **NY** Licensure number: **300198**
 Telephone: **87 2 (b)** Email: **Jonathan.Jimenez@nychhc.org**
 Street address 1: **55 Water St** Street address 2: **26 floor**
 City: **New York** County: **New York** State: **NY** ZIP: **10041**

Chief Executive Officer (or Chief Fiduciary) Information

Last name: **McLeod** First name: **Sheldon** Middle initial: _____
 Telephone number: **87 2 (b)** Email: **Sheldon.McLeod@nychhc.org**
 Street address 1: **451 Clarkson Ave** Street address 2: _____
 City: **New York** County: **Brooklyn** State: **NY** ZIP: **11203**

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Morgan First name: Beverly Middle initial: _____
 Telephone number: 87 2 (b) Email: Beverly.morgan@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Ortiz First name: Pedro Middle initial: _____
 Telephone number: 87 2 (b) Email: pedro.ortiz@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 11/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: ?
 Signature: 87 2 (b) Date: 11/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) NYC Health + Hospitals/Bellevue	Contact Name and Email Beverly Morgan Beverly.Morgan@nychhc.org	CV1016	Moderna #120	Click or tap to enter a date. 1/14/2021
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **1/14/2021**

Document ID: 0.7.1219.5368-000003

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdl)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Filename: BAT to Coney Island 1.14.2021.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021

Copy



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

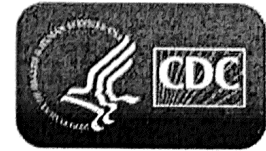
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace	FOR OFFICIAL USE ONLY <i>VTrack</i> ID: Unique COVID-19 Organization ID (from Section A):
--	---

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street	Street address 2:
City: New York	County: Brooklyn
State: NY	ZIP: 11220
Telephone: 87 2 (b)	Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez	First name: Jonathan	Middle initial:
Title: Medical Director	Licensure state: NY	Licensure number: 300198
Telephone: 87 2 (b)	Email: Jonathan.Jimenez@nychhc.org	
Street address 1: 55 Water St	Street address 2: 26 floor	
City: New York	County: New York	
State: NY	ZIP: 10041	

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod	First name: Sheldon	Middle initial:
Telephone number: 87 2 (b)	Email: Sheldon.McLeod@nychhc.org	
Street address 1: 451 Clarkson Ave	Street address 2:	
City: New York	County: Brooklyn	
State: NY	ZIP: 11203	

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Haiko First name: Yuliya Middle initial: _____
 Telephone number: 87 2 (b) Email: haikoy@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Nistico First name: Anthony Middle initial: _____
 Telephone number: 87 2 (b) Email: Anthony.nistico@nychhc.org

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: Timenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 11/4/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: 2
 Signature: 87 2 (b) Date: 11/4/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Coney Island 2601 Ocean Parkway Brooklyn, New York 11235				
To (Location) NYC Health + Hospitals/Coney Island	Contact Name and Email Yuliya Halko halkoy@nychhc.org	CV1017	Moderna #70	Click or tap to enter a date. 1/14/2021
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **1/14/2021**

Document ID: 0.7.1219.5368-000004

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
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Filename: BAT to Elmhurst 1.14.21.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

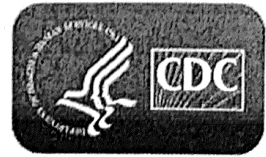
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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:

Brooklyn Army Terminal Test and Trace

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: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water St

Street address 2: 26 floor

City: New York

County: New York

State: NY

ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Barber First name: Peter Middle initial:
 Telephone number: 87 2 (b) Email: Barberp@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Cortez First name: Theresa Middle initial:
 Telephone number: 87 2 (b) Email: Cortezt@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELTON Middle initial: S
 Signature: 87 2 (b) Date: 1/14/21

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage_handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Elmhurst 79-01 Broadway Elmhurst, New York 11373				
To (Location) NYC Health + Hospitals/Elmhurst	Contact Name and Email Peter Barber Barberp@nychhc.org	CV1014	Moderna #130	Click or tap to enter a date. 1/14/2021
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **1/14/2021**

Document ID: 0.7.1219.5368-000005

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
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Filename: BAT to Harlem 1.14.2021.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021

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Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace	FOR OFFICIAL USE ONLY <i>VTrcks ID:</i> _____ <i>Unique COVID-19 Organization ID (from Section A):</i> _____
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Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street	Street address 2: _____		
City: New York	County: Brooklyn	State: NY	ZIP: 11220
Telephone: 87 2 (b)	Fax: _____		

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez	First name: Jonathan	Middle initial: _____	
Title: Medical Director	Licensure state: NY	Licensure number: 300198	
Telephone: 87 2 (b)	Email: Jonathan.Jimenez@nychhc.org		
Street address 1: 55 Water Street	Street address 2: _____		
City: New York	County: New York	State: NY	ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod	First name: Sheldon	Middle initial: _____	
Telephone number: 87 2 (b)	Email: Sheldon.McLeod@nychhc.org		
Street address 1: 451 Clarkson Ave	Street address 2: _____		
City: New York	County: Brooklyn	State: NY	ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Farooqi First name: Hinnah Middle initial: _____
 Telephone number: 87 2 (b) Email: Hinnah.Farooqi@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Go First name: Hans Middle initial: _____
 Telephone number: 87 2 (b) Email: goh@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: ?
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC HEALTH + HOSPITAL / HARLEM 506 Lenox Avenue New York, New York 10037			
To (Location) NYC HEALTH + HOSPITAL / HARLEM	Contact Name and Email HINNAH FAROOQI - Hinnah.Farooqi@nychhc.org	CV1019	Moderna # 50
To (Location)			Click or tap to enter a date. 01/14/21
To (Location)			Click or tap to enter a date.
To (Location)			Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Chris Keeley

Date: 01/14/21

Document ID: 0.7.1219.5368-000006

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: BAT to Jacobi 1.14.2021.pdf <extracted>

Last Modified: Fri Feb 12 09:10:37 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace

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: 140 58th Street Street address 2:

City: New York County: Brooklyn State: NY ZIP: 11220

Telephone: 87 2 (b) Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez First name: Jonathan Middle initial:

Title: Medical Director Licensure state: NY Licensure number: 300198

Telephone: 87 2 (b) Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water Street Street address 2:

City: New York County: New York State: NY ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod First name: Sheldon Middle initial:

Telephone number: 87 2 (b) Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave Street address 2:

City: New York County: Brooklyn State: NY ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Leighton First name: Rosemarie Middle initial: _____
 Telephone number: 87 2 (b) Email: rosemarie.Leighton@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Pompa First name: Manfredo Middle initial: _____
 Telephone number: 87 2 (b) Email: manfredo.pompa@nychhc.org

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: Jimenez First name: Jonathan Middle initial: _____
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: S
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Jacobi 1400 Pelham Parkway South Bronx, New York 10461				
To (Location) NYC Health + Hospitals/Jacobi	Contact Name and Email Rosemarie Leighton - Rosemarie.Leighton@nychhc.org	CV1020	Moderna # 90	Click or tap to enter a date. 1/14/21
To (Location)				Click or tap to enter a date
To (Location)				Click or tap to enter a date

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: Chris Keeley

Date: 1/14/21

Document ID: 0.7.1219.5368-000007

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Filename: BAT to Kings County 1.14.2021.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021

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ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

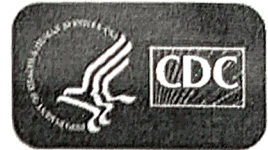
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace

FOR OFFICIAL USE ONLY VTckS ID:

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

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street Street address 2:

City: New York County: Brooklyn State: NY ZIP: 11220

Telephone: 87 2 (b) Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez First name: Jonathan Middle initial:

Title: Medical Director Licensure state: NY Licensure number: 300198

Telephone: 87 2 (b) Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water Street Street address 2:

City: New York County: New York State: NY ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod First name: Sheldon Middle initial:

Telephone number: 87 2 (b) Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave Street address 2:

City: New York County: Brooklyn State: NY ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Pod First name: Zoraya Middle initial: _____
 Telephone number: 87 2 (b) Email: podz@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Eng First name: Morris Middle initial: _____
 Telephone number: 87 2 (b) Email: engm2@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: ?
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, Including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, Including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Kings County - 451 Clarkson Avenue Brooklyn, New York 11203				
To (Location) NYC Health + Hospitals/Kings County	Contact Name and Email Zoraya Pod - Podz@nychhc.org	CV0046	Moderna # 90	Click or tap to enter a date. 01/14/21
To (Location)				Click or tap to enter a date.
To (Location)				Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **01/14/21**

Document ID: 0.7.1219.5368-000008

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Filename: BAT to Lincoln 1.14.2021.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021

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Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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: Brooklyn Army Terminal Test and Trace	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: 140 58th Street	Street address 2:		
City: New York	County: Brooklyn	State: NY	ZIP: 11220
Telephone: 87 2 (b)	Fax:		

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez	First name: Jonathan	Middle initial:
Title: Medical Director	Licensure state: NY	Licensure number: 300198
Telephone: 87 2 (b)	Email: Jonathan.Jimenez@nychhc.org	

Street address 1: 55 Water Street	Street address 2:		
City: New York	County: New York	State: NY	ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod	First name: Sheldon	Middle initial:
Telephone number: 87 2 (b)	Email: Sheldon.McLeod@nychhc.org	

Street address 1: 451 Clarkson Ave	Street address 2:		
City: New York	County: Brooklyn	State: NY	ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Iqbal First name: Nasir Middle initial: _____
 Telephone number: 87 2 (b) Email: iqbarn@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Alapatt First name: Sebastian Middle initial: _____
 Telephone number: 87 2 (b) Email: sebastian.alapatt@nychhc.org

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: Jimenez First name: Jonathan Middle initial: —
 Signature: 87 2 (b) Date: 1/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: S
 Signature: 87 2 (b) Date: 1/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 872 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Lincoln - 234 East 149th Street Bronx, New York 10451				
To (Location) NYC Health + Hospitals/Lincoln	Contact Name and Email Nasir Iqbal - iqbal@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYC Health + Hospitals/Lincoln	Nasir Iqbal - iqbal@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYC Health + Hospitals/Lincoln	Nasir Iqbal - iqbal@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21

1/14/21
1/14/21

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's CDC COVID-19 Vaccination Provider Agreement executed with the Centers for Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **01/14/21**

Document ID: 0.7.1219.5368-000009

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Filename: BAT to Queens 1.14.2021.pdf <extracted>
Last Modified: Fri Feb 12 09:10:37 EST 2021

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ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

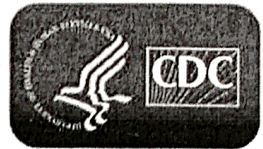
Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.

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:

Brooklyn Army Terminal Test and Trace

FOR OFFICIAL USE ONLY

VTrckSID:

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

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 140 58th Street

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11220

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Jimenez

First name: Jonathan

Middle initial:

Title: Medical Director

Licensure state: NY

Licensure number: 300198

Telephone: 87 2 (b)

Email: Jonathan.Jimenez@nychhc.org

Street address 1: 55 Water Street

Street address 2:

City: New York

County: New York

State: NY

ZIP: 10041

Chief Executive Officer (or Chief Fiduciary) Information

Last name: McLeod

First name: Sheldon

Middle initial:

Telephone number: 87 2 (b)

Email: Sheldon.McLeod@nychhc.org

Street address 1: 451 Clarkson Ave

Street address 2:

City: New York

County: Brooklyn

State: NY

ZIP: 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: Sarnoski-Brocavich First name: Sheila Middle initial: _____
Telephone number: 87 2 (b) Email: Brokavis@nychhc.org

Secondary point of contact for receipt of COVID-19 vaccine

Last name: Rao First name: Premprakash Middle initial: _____
Telephone number: 87 2 (b) Email: raopr@nychhc.org

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: Tinienez First name: Jonathan Middle initial: -
Signature: 87 2 (b) Date: 11/14/21

Chief Executive Officer (chief fiduciary role)

Last name: McLeod First name: SHELDON Middle initial: P
Signature: 87 2 (b) Date: 11/14/2021

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.



Department of Health

**New York State COVID-19 Vaccination Program
Request to Redistribute Vaccine Between Locations**

Providers must submit this form to NYSDOH to request approval. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider with the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- If approved, both the facility redistributing and the facility receiving must complete the Vaccine Transport Tracking Sheet.
- Inventory in the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR) must be updated by both participating providers.
- Only full, unpunctured vials can be transported and must follow safe transport guidelines for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address, including County: Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220	COVID Pin #: enter pin # here CV1114
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/xx/xx 01/14/21
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)

RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory

TO (Receiving Facility/Provider Location Name and Address, including County and contact)		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC HEALTH + HOSPITAL/ QUEENS - 82-68 164th Street, Jamaica, NY 11432				
To (Location) NYC HEALTH + HOSPITAL/ QUEENS	Contact Name and Email Sheila Samoski-Brocavich - BROKAVIS@nychhc.org	CV1018	Moderna # 100	Click or tap to enter a date. 01/14/21
To (Location) NYC HEALTH + HOSPITAL/ QUEENS	Contact Name and Email Sheila Samoski-Brocavich - BROKAVIS@nychhc.org	CV1018	Moderna # 100	Click or tap to enter a date. 01/14/21
To (Location) NYC HEALTH + HOSPITAL/ QUEENS	Contact Name and Email Sheila Samoski-Brocavich - BROKAVIS@nychhc.org	CV1018	Moderna # 100	Click or tap to enter a date. 01/14/21

Justification (explain in detail the reason for re-distribution):

Equipment Failure

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Name: **Chris Keeley**

Date: **01/14/21**

1/14/21
1/14/21

Document ID: 0.7.1219.5368-000010

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
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Filename: image001.jpg

Last Modified: Fri Feb 12 09:10:37 EST 2021

Document ID: 0.7.1219.5368-000011

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Last Modified: Fri Feb 12 09:10:37 EST 2021

Document ID: 0.7.1219.5368-000012

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Last Modified: Fri Feb 12 09:10:37 EST 2021

Document ID: 0.7.1219.5350

From: Keeley, Chris </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

To: CovidVaccineRedistribution@health.ny.gov <covidvaccineredistribution@health.ny.gov>

Cc: Jimenez, Jonathan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c3364961c58-jimenez, jona>; Goldenberg, Shifra </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=a7b7803fec53444faf6896be11304272-goldenberg, s>; Huang, Alan </o=corpnyc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Bcc:

Subject: Vaccine redistribution

Date: Fri Feb 19 2021 13:10:46 EST

Attachments: FROM BAT TO WOODHULL Redistribution Guidance 1.23.21-signed.pdf

87 2 (b)

Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals

87 2 (b)

Document ID: 0.7.1219.5350-000001

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: FROM BAT TO WOODHULL Redistribution Guidance 1.23.21-signed.pdf

Last Modified: Fri Feb 19 13:10:46 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b)	enter phone number Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5348

From: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx
Date: Fri Feb 12 2021 09:11:15 EST
Attachments: ATT17278
FROM BAT TO ELM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
image001.jpg
image005.jpg

87 2 (b)

Chris Keeley
NYC Health + Hospitals
929-359-0665

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Friday, February 12, 2021 8:53 AM
To: Keeley, Chris <Chris.Keeley@nychhc.org>; THAN, MIN <thanm@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>
Cc: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

87 2 (b)

From: chris.keeley@nychhc.org <chris.keeley@nychhc.org>
Sent: Thursday, 11 February, 2021 22:48
To: thanm@nychhc.org; surit@nychhc.org; chris.keeley@nychhc.org; jonathan.jimenez@nychhc.org; chris.lacayo@nychhc.org; kwongj1@nychhc.org; goldenbs1@nychhc.org; alan.huang@nychhc.org; mucchinop@nychhc.org; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

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chris.keeley@nychhc.org sent you a secure message

Access message

87 2 (b)



87 2 (b)

Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals

87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, February 11, 2021 6:03 PM

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

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COVID Vaccine Redistribution Team
New York State Department of Health

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Thursday, February 11, 2021 17:43

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites

87 2 (b)



COVID Vaccine Redistribution Team
New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>
Sent: Thursday, February 11, 2021 15:47

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.

huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>

Subject: RE: 2nd Dose Moderna doses

Importance: High

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87 2 (b)

Chris Lacayo

Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care

Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson

Work Cell: 87 2 (b)

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Muccino, Paul

Sent: Thursday, February 11, 2021 11:53 AM

To: Keeley, Chris <Chris.Keeley@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>

Cc: Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>

Subject: 2nd Dose Moderna doses

87 2 (b)

Paul Muccino, MS, RPh

Senior Assistant Vice President Business Operations

Central Office Business Operations

New York City Health + Hospitals

Office: 87 2 (b)

E-Mail: muccinop@nychhc.org

Central Office

160 Water Street, 13th Floor

New York, NY 10038

Visit

www.nychealthandhospitals.org

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Attachments expire on Mar 14, 2021

1 file

Emergency Transfer from Brooklyn Army Terminal .msg

7 PDFs

FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM
BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO
METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BATHGATE TO NCB
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO Bellevue
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO CONEY Redistribution
Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO ELM Redistribution Guidance
1.23.21 New Form_CK_JJ.pdf

Document ID: 0.7.1219.5348-000001

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: ATT17278

Last Modified: Fri Feb 12 09:11:15 EST 2021

Document ID: 0.7.1219.5348-000002

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: FROM BAT TO ELM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Last Modified: Fri Feb 12 09:11:15 EST 2021



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

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**Department
of Health**

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- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b)	#: enter phone number Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

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Organization information

Organization/facility name:

FOR OFFICIAL USE ONLY

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5348-000003

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Last Modified: Fri Feb 12 09:11:15 EST 2021

image001.jpg f
Printed Item: 10
Attachment 3 o

Document ID: 0.7.1219.5348-000004

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Last Modified: Fri Feb 12 09:11:15 EST 2021

From: Russo, Christopher
</o=corpnymhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e7
26a3-christopher r>

To: CovidVaccineRedistribution@health.ny.gov
<covidvaccineredistribution@health.ny.gov>

Cc: McMillan, Adrienne
</o=corpnymhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=1e02ffb0a21a41e5b81a153bc1c1
ad19-mcmillan, adr>; Lewis, Michelle </o=corpnymhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=lewism9.nymhc.org>;
Fiebert, Lee </o=corpnymhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=de80582cdf74e07a53714209039
5085-fiebert, lee>; Suri, Tarun </o=corpnymhc/ou=exchange
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administrative group
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a2b9-kwong, jeffre>; Muccino, Paul </o=corpnymhc/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1
4459-muccino, paul>

Bcc:

Subject: RE: Movement of Moderna Vaccine 100 first doses to East New York

Date: Tue Mar 02 2021 12:55:26 EST

Attachments: image0025.tif
image0026.tif
image0027.tif

87 2 (b)

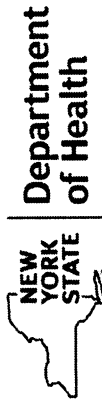
CHRISTOPHER RUSSO R.Ph.
Director of Pharmacy
NYC Health + Hospitals | Cumberland
Brooklyn, NY 11205

Document ID: 0.7.1219.5344-000001

Owner: Russo, Christopher </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>

Filename: image0025.tif

Last Modified: Tue Mar 02 12:55:26 EST 2021



New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be releasing vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County): NYC Health + Hospitals/Gotham Health, Cumberland		Releasing Provider COVID PIN #: CV1061	Date of Submission: xx/xx/xx 03/01/21
Facility Contact Name and email: enter here Christopher Russo - RussoC@nychhc.org		Contact Phone #: enter phone number Extension: enter if applicable 677-7000	

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
NYC Health + Hospitals/Gotham Health, East New York - 2094 Pitkin Avenue Brooklyn, New York 11207	Anthony Kanu - kanua3@nychhc.org	CV1062	Moderna # 100 Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date. 03/02/21
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email		Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

To support vaccination demand for expansion of vaccine eligibility

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature: Christopher Russo
Digitally signed by Christopher Russo
 Date: 2021.03.01 18:16:56 -0500
Date: 03/01/21

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Document ID: 0.7.1219.5344-000002

Owner: Russo, Christopher </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>

Filename: image0026.tif

Last Modified: Tue Mar 02 12:55:26 EST 2021

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:

NYC Health + Hospitals/Gotham Health, C+

FOR OFFICIAL USE ONLY

VTrck ID:

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

Primary address and contact information of COVID-19 vaccination organization

Street address 1: 100 North Portland Avenue

Street address 2:

City: New York 1 County: Brooklyn State: NY ZIP: 11205

Telephone: 87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: Russo First name: Christopher Middle initial:

Title: Director of Pharmacy Licensure state: NY Licensure number: 042378

Telephone: 87 2 (b) Email: RussoC@nychhc.org

Street address 1: 100 North Portland Avenue

Street address 2:

City: New York County: Brooklyn State: NY ZIP: 11205

Chief Executive Officer (or Chief Fiduciary) Information

Last name: Lewis First name: Michelle Middle initial:

Telephone number: 87 2 (b) Email: LEWISM9@nychhc.org

Street address 1: 125 Worth St.

Street address 2:

City: New York County: New York State: NY ZIP: 10013

Document ID: 0.7.1219.5344-000003

Owner: Russo, Christopher </o=corpnychhc/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e726a3-christopher r>

Filename: image0027.tif

Last Modified: Tue Mar 02 12:55:26 EST 2021

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name: **Russo** First name: **Christopher** Middle initial: _____
 Telephone number: **87 2 (b)** Email: **RussoC@nychhc.org**

Secondary point of contact for receipt of COVID-19 vaccine

Last name: **Kanu** First name: **Anthony** Middle initial: _____
 Telephone number: **87 2 (b)** Email: **kanua3@nychhc.org**

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: **BOAKYE** First name: **CYNTHIA** Middle initial: **G**
 Telephone number: **87 2 (b)** Date: **2021-03-02**

Chief Executive Officer (chief fiduciary role)

Last name: **Lewis** First name: **Michelle** Middle initial: **B**
 Telephone number: **87 2 (b)** Date: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

SUBMIT FORM

Document ID: 0.7.1219.5341

From: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx
Date: Fri Feb 12 2021 09:10:58 EST
Attachments: FROM BAT TO Bellevue Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
image001.jpg
image003.jpg
image005.jpg

87
2

Chris Keeley
NYC Health + Hospitals
87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Friday, February 12, 2021 8:53 AM
To: Keeley, Chris <Chris.Keeley@nychhc.org>; THAN, MIN <thanm@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>
Cc: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

87 2 (b)

From: chris.keeley@nychhc.org <chris.keeley@nychhc.org>
Sent: Thursday, 11 February, 2021 22:48
To: thanm@nychhc.org; surit@nychhc.org; chris.keeley@nychhc.org; jonathan.jimenez@nychhc.org; chris.lacayo@nychhc.org; kwongj1@nychhc.org; goldenbs1@nychhc.org; alan.huang@nychhc.org; mucchinop@nychhc.org; DOH.sm.CovidVaccineRedistribution

<CovidVaccineRedistribution@health.ny.gov>


Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

chris.keeley@nychhc.org sent you a secure message

Access message

87 2 (b)



Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals

87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Thursday, February 11, 2021 6:03 PM

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Forward suspect email to spamadmin@nychhc.org as an attachment (Click the More button, then forward as attachment).

87 2 (b)

COVID Vaccine Redistribution Team

New York State Department of Health

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Thursday, February 11, 2021 17:43

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites

87 2 (b)

COVID Vaccine Redistribution Team

New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Sent: Thursday, February 11, 2021 15:47

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Keeley, Chris <Chris.

Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>

Subject: RE: 2nd Dose Moderna doses

Importance: High

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87 2 (b)

Chris Lacayo

Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care

Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson

Work Cell: 87 2 (b)

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Muccino, Paul

Sent: Thursday, February 11, 2021 11:53 AM

To: Keeley, Chris <Chris.Keeley@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>

Cc: Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>

Subject: 2nd Dose Moderna doses

87 2 (b)

Paul Muccino, MS, RPh

Senior Assistant Vice President Business Operations

Central Office Business Operations

New York City Health + Hospitals

Office: 87 2 (b)

E-Mail: muccinop@nychhc.org

Central Office

160 Water Street, 13th Floor

New York, NY 10038

Visit

www.nychealthandhospitals.org

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Attachments expire on Mar 14, 2021

1 file

Emergency Transfer from Brooklyn Army Terminal .msg

7 PDFs

FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM
BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO
METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BATHGATE TO NCB
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO Bellevue
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO CONEY Redistribution
Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO ELM Redistribution Guidance
1.23.21 New Form_CK_JJ.pdf

Document ID: 0.7.1219.5341-000001

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: FROM BAT TO Bellevue Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf

Last Modified: Fri Feb 12 09:10:58 EST 2021



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	Contact Phone #: enter phone number	Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

Receiving Facility Location Name and Address (including County)	Contact Name and Email	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.
			Check if 2 nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5341-000002

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Last Modified: Fri Feb 12 09:10:58 EST 2021

Document ID: 0.7.1219.5341-000003

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Last Modified: Fri Feb 12 09:10:58 EST 2021

Document ID: 0.7.1219.5341-000004

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/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Last Modified: Fri Feb 12 09:10:58 EST 2021

Document ID: 0.7.1219.5339

From: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
To: DOH.sm.CovidVaccineRedistribution <covidvaccineredistribution@health.ny.gov>
Cc:
Bcc:
Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx
Date: Fri Feb 12 2021 09:10:54 EST
Attachments: FROM BATHGATE TO NCB Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
image001.jpg
image003.jpg
image005.jpg

87
2

Chris Keeley
NYC Health + Hospitals
87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Sent: Friday, February 12, 2021 8:53 AM
To: Keeley, Chris <Chris.Keeley@nychhc.org>; THAN, MIN <thanm@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>
Cc: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>
Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

87 2 (b)

From: chris.keeley@nychhc.org <chris.keeley@nychhc.org>
Sent: Thursday, 11 February, 2021 22:48
To: thanm@nychhc.org; surit@nychhc.org; chris.keeley@nychhc.org; jonathan.jimenez@nychhc.org; chris.lacayo@nychhc.org; kwongj1@nychhc.org; goldenbs1@nychhc.org; alan.huang@nychhc.org; mucchinop@nychhc.org; DOH.sm.CovidVaccineRedistribution

<CovidVaccineRedistribution@health.ny.gov>


Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

chris.keeley@nychhc.org sent you a secure message

Access message

87 2 (b)



Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health + Hospitals

87 2 (b)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Thursday, February 11, 2021 6:03 PM

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

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COVID Vaccine Redistribution Team

New York State Department of Health

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Thursday, February 11, 2021 17:43

To: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Keeley, Chris <Chris.Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: (SXX) Brooklyn Army Test and Trace to Multiple NYC H+H sites

87 2 (b)

COVID Vaccine Redistribution Team

New York State Department of Health

From: Lacayo, Chris <Chris.Lacayo@nychhc.org>

Sent: Thursday, February 11, 2021 15:47

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Cc: Goldenberg, Shifra <goldenbs1@nychhc.org>; Jimenez, Jonathan <Jonathan.Jimenez@nychhc.org>; Lacayo, Chris <Chris.Lacayo@nychhc.org>; Keeley, Chris <Chris.

Keeley@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>

Subject: RE: 2nd Dose Moderna doses

Importance: High

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87 2 (b)

[Redacted]

Chris Lacayo

Sr. Exec. Secy. | NYC Care | Test & Trace Corps | Office of Ambulatory Care

Assistant to: Marielle Kress, Chris Keeley and Amanda Johnson

Work Cell: 87 2 (b)

Chris.Lacayo@nychhc.org

Pronouns: she, her, hers

From: Muccino, Paul

Sent: Thursday, February 11, 2021 11:53 AM

To: Keeley, Chris <Chris.Keeley@nychhc.org>; Goldenberg, Shifra <goldenbs1@nychhc.org>

Cc: Huang, Alan <alan.huang@nychhc.org>; Kwong, Jeffrey <kwongj1@nychhc.org>

Subject: 2nd Dose Moderna doses

87 2 (b)

[Redacted]

Paul Muccino, MS, RPh

Senior Assistant Vice President Business Operations

Central Office Business Operations

New York City Health + Hospitals

Office: 87 2 (b)

E-Mail: muccinop@nychhc.org

Central Office

160 Water Street, 13th Floor

New York, NY 10038

Visit

www.nychealthandhospitals.org

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Attachments expire on Mar 14, 2021

1 file

Emergency Transfer from Brooklyn Army Terminal .msg

7 PDFs

FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM
BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO
METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BATHGATE TO NCB
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO Bellevue
Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO CONEY Redistribution
Guidance 1.23.21 New Form_CK_JJ.pdf, FROM BAT TO ELM Redistribution Guidance
1.23.21 New Form_CK_JJ.pdf

Document ID: 0.7.1219.5339-000001

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>
Filename: FROM BATHGATE TO NCB Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf
Last Modified: Fri Feb 12 09:10:54 EST 2021



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccination Program Redistribution

January 23, 2021

WHAT IS VACCINE REDISTRIBUTION?

- Vaccine redistribution is the process by which vaccine is physically moved and possession is transferred from the enrolled provider that first received the vaccine shipment, to another enrolled provider, who will store and administer the doses.
- If an enrolled provider receives vaccine, and brings the vaccine to a satellite, temporary, or off-site clinic controlled by such provider for administration the same day, this is **NOT** vaccine redistribution. This constitutes vaccine transfer.

WHAT ARE THE REQUIREMENTS TO REDISTRIBUTE COVID-19 VACCINE?

- The facility that is redistributing the vaccine must have a signed CDC Redistribution Agreement, as well as a completed NYSDOH Request to Redistribute Vaccine Between Locations (see attached), that has been approved by NYS DOH after submission to CovidVaccineRedistribution@health.ny.gov. The facility must maintain all redistribution records as indicated in the agreement.
- The provider site receiving the vaccine from the provider site redistributing it must be enrolled as a COVID-19 Vaccination Program Provider.
- After the facility that is redistributing the vaccine submits a completed CDC Redistribution Agreement and NYSDOH Request to Redistribute Vaccine Between Locations, if the request is approved, both the redistributing AND receiving sites will be asked to complete and submit a single Vaccine Transport Tracking Sheet. This form includes facility site names (sending and receiving facilities), dates and time of redistribution, vaccine lot numbers, vaccine expiration dates, temperature of vaccine during transport, and number of doses.
- Inventory in the New York State Immunization Information System (NYSIIS) or in the Citywide Immunization Registry (CIR) must be updated by both participating providers. The receiving site should update the inventory before administering any doses and no later than 24 hours after receiving the redistributed vaccine. The facility redistributing the vaccine should ensure inventory is updated within 24 hours of the transaction.

HOW DO I REQUEST APPROVAL TO REDISTRIBUTE VACCINE?

- Submission of CDC Redistribution Agreement; and
- Submission of a completed NYSDOH Request to Redistribute Vaccine Between Locations form that includes detailed, relevant information for review.

Note: NYSDOH approval must be obtained before the vaccine may be redistributed. Submission of a request to redistribute does not constitute approval.

- NYSDOH may expressly direct enrolled providers to redistribute vaccine through a directed re-allocation, or in the case of emergency (such as equipment failure). Prior approval is not required in these instances, and the NYSDOH Request to Redistribute Vaccine Between Locations form is not needed. However, the CDC Redistribution Agreement and the Vaccine Transport Tracking Sheet must still be submitted and NYSIIS or CIR Inventory updated appropriately.

HOW DO I SAFELY TRANSPORT VACCINE?

- Please visit [NYSDOH Storage and Handling Guidance](#) for details on vaccine transport.
- Only transport Pfizer vaccine at refrigerated temperatures (2 to 8 degrees C), unless redistributing a full tray in an ultra-cold shipper or ultra-cold portable freezer.
- Only transport Moderna vaccine at frozen (-25 to -15 degrees C) or refrigerated temperatures (2 to 8 degrees C).
- Every time vaccine leaves the storage unit the cold chain is at risk, therefore redistributions should be limited to the extent possible. Vaccine must not be redistributed more than once, pursuant to COVID-19 vaccine manufacturer guidance.



**Department
of Health**

New York State COVID-19 Vaccination Program Request to Redistribute Vaccine Between Locations

Providers must submit this form to NYSDOH to request approval to redistribute COVID-19 vaccine between locations. Submission of a request to redistribute vaccine does not guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

Redistribution is when vaccine physically moves from the enrolled provider that received the vaccine shipment to another enrolled provider, who will store and administer the doses. Redistribution of vaccine product from one location to another is strongly discouraged (due to cold chain considerations), requires pre-approval, and should be extremely rare.

- This form must be completed by the facility (location) that will be **releasing** vaccine from their inventory. This facility must have a signed CDC Redistribution Agreement on file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC).
- Redistribution between New York City and Rest of State (ROS; i.e. outside New York City) is NOT permitted.
- The receiving location must be an enrolled COVID-19 Vaccination Provider within the same jurisdiction as the location distributing (New York State or New York City).
- Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, facilities should conduct outreach to the target priority population groups to be vaccinated at the facility who received the original vaccine shipment. This will help to prevent vaccine wastage.
- Only full, unpunctured vials can be transported and must follow [safe transport guidelines](#) for cold-chain integrity.

RELEASING FACILITY INFORMATION

Releasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	Date of Submission: xx/xx/xx
Facility Contact Name and email: enter here	87 2 (b) enter phone number	Extension: enter if applicable

RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory

	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.
Receiving Facility Location Name and Address (including County)	Contact Name and Email	Check if 2nd Doses <input type="checkbox"/>	Click or tap to enter a date.

Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature:

Date:

I agree that by typing my name above, I am hereby affixing my electronic signature as if I had physically signed this certification.

Revised 1/23/21

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

VTckS 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:

87 2 (b)

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

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

Last name:

First name:

Middle initial:

87 2 (b)

Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name:

First name:

Middle initial:

87 2 (b)

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:

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Document ID: 0.7.1219.5339-000002

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Last Modified: Fri Feb 12 09:10:54 EST 2021

Document ID: 0.7.1219.5339-000003

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Last Modified: Fri Feb 12 09:10:54 EST 2021

Document ID: 0.7.1219.5339-000004

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Last Modified: Fri Feb 12 09:10:54 EST 2021
