Document ID: 0.7.1219.5269

From: Igboechi, Chike

(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

To:

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

Cc: Muccino, Paul

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Kwong, Jeffrey </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0 a2b9-kwong, jeffre>; Farooqi, Hinnah </o>

administrative group

(fydibohf23spdlt)/cn=recipients/cn=hinnah.farooqi.nychhc.org>; Fiebert, Lee </o=corpnychhc/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

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 reallocation, 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.

2nd dose transfers FROM METRO TO HARLEM Redistribution Guidance NEW FORM2.pdf for Printed Item: 1 (Attachment 1 of 1)



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				_
		T.			
Releasing Facility Location Name and Address (including County):		Releasing Provider CC	OVID PIN #:	Date of Subi	mission: xx/xx/xx
Facility Contact Name and email: enter here	87	2 (b) enter	phone number	er Extension :	enter if applicable
•			•		• • • • • • • • • • • • • • • • • • • •
RECEIVING	FACILITY INFORMATION: Complete one row for	or each site receiving v	accine from y	our invento	ry
		Receiving Provider	Manufac	turer and	Target date of
		COVID PIN #	# of [Ooses	transfer
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to
, , , , , , , , , , , , , , , , , , , ,					enter a date.
			a and		
			Check if 2 nd	Doses 📙	
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to
					enter a date.
			or records		
			Check if 2 nd [Joses 🗀	
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to
, , , , , , , , , , , , , , , , , , , ,					enter a date.
			a		
			Check if 2 nd [oses □	
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in accord	lance with state guidel	ines):	<u> </u>	
, .	J	J	,		

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:

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 ONL	Y VTrckS ID:			
		Unique COVID-19 Organiz	ation ID (from Section A):			
Primary address and contact in	formation of	COVID-19 vaccinatio	n organization			
Street address 1:			Street address 2:			
City:	County:		State:	ZIP:		
Telephone: 87 2 (b)	Fax:					
Responsible officers						
Medical Director (or Equivalent) In	formation					
Last name:		First name:		Middle initial:		
Title:	L	icensure 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:		
	•					

2nd dose transfers FROM METRO TO HARLEM Redistribution Guidance NEW FORM2.pdf for Printed Item: 1 (Attachment 1 of 1)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respon (if different than medical director list	sible for receipt of COVID-19 vaccine sted above)					
Last name:	First name:	Middle initial:				
7 2 (b)	Email:					
Secondary point of contact for r	eceipt of COVID-19 vaccine					
Last name:	First name:	Middle initial:				
37 2 (b)	Email:					
COVID-19 vaccination organizat	ion redistribution agreement requireme	ents				
To redistribute COVID-19 vaccine, constituent	products, and ancillary supplies to secondary sites, thi	s organization agrees to:				
1. Sign and comply with all conditions as ou	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 <i>Vaccine Storage and Handling Toolkit</i> , 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 rrecords 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 fi	duciary role)					
Last name:	First name:	Middle initial:				
Signature:	Date:					

09/29/20

 $^{{}^{1}\}textit{Requirements incorporated by reference; refer to} \underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Document ID: 0.7.1219.5257

From: Igboechi, Chike

</o>
</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



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

Phone: 87 2 (b) 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

Attached Image (1).msg <extracted> for Printed Item: 3 (Attachment 1 of 2)

Igboechi, Chike[Chike.Igboechi@nychhc.org] To:

From:

Igboechi, Chike Tue 1/26/2021 4:48:33 PM Sent:

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



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

guarantee approval. Providers must NOT redistribute vaccine <u>prior</u> to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov 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 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. 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.

- 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.

	Check if 2 nd Doses	Receiving Facility Location Name and Address (including County) Contact Name and Email Click or tap to enter a date.	Check if 2 nd Doses □	Receiving Facility Location Name and Address (including County) Contact Name and Email Click or tap to enter a date.	York, New York 10037 Check if 2 nd Doses 01/26/21	Name and Address (including County) of the Name and Address (including County) of the Name	Receiving Provider Manufacturer and Target date of COVID PIN # of Doses transfer	RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory	Facility Contact Name and email: enter here Chike Igboechi - Chike Igboechi@nychhc.org	Releasing Facility Location Name and Address (including County): NYC Health + Hospitals/Metropolitan - 1901 First Avenue New York, New York 10029 Releasing Provider COVID PIN #: Date of Submission: xx/xx/xx	RELEASING FACILITY INFORMATION
--	--------------------------------	--	----------------------------------	--	--	--	--	--	--	--	--------------------------------

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 su Signature: 87 2 (b) 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 COVID-19 Vaccine Administration executed with the NYS Department of Health. Date: 26/202

Document ID: 0.7.1219.5266

From: Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-huang, alan>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Muccino, Paul

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Fiebert, Lee </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039 5085-fiebert, lee>; Kwong, Jeffrey </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0

a2b9-kwong, jeffre>; Russo, Christopher

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e7 26a3-christopher r>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-than, min>; Suri, Tarun </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624

ea85-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)

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=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/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:	FOR OFFICIAL USE ONLY VTrckS ID:	
NYC Health + Hospitals/Gotham Health, C	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)		
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	3
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) In	formation	
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 (if different than medical director listed a		
Last name: Russo	First name: Christopher	Middle initial:
Telephone number:	Email: RussoC@nychhc.org	
Secondary point of contact for receip	ot of COVID-19 vaccine	
Last name: Sy	First name: Coumba	Middle initial:
87 2 (b) Telephone number:	Email: syc1@nychhc.org	
COVID-19 vaccination organization r	edistribution agreement requirements	
	cts, and ancillary supplies to secondary sites, this organ	THE PROPERTY OF THE PROPERTY O
	in the CDC COVID-19 Vaccination Program Provider Agr	
Ensure secondary locations receiving redistribut conditions in the CDC COVID-19 Vaccination Pro	ed COVID-19 vaccine, constituent products, or ancillary gram Provider Agreement.	supplies also sign and comply with all
 Comply with vaccine manufacturer instructions which will be updated to include specific inform locations. 	on cold chain management and CDC guidance in CDC's ation related to COVID-19 vaccine, for any redistribution	s <i>Vaccine Storage and Handling Toolkit,</i> n of COVID-19 vaccine to secondary
requested, including dates and times of redistrib	OVID-19 vaccine redistribution to secondary sites to jur aution, sending and receiving locations, lot numbers, ex ents are responsible for any costs of redistribution or equipment t	piration dates, and numbers of doses.
immunization program. I also certify on behalf of and all the practitioners, nurses, and others associagreement requirements listed above and underst compliance with the terms of this Redistribution A Program and criminal and civil penalties under fear related federal laws, 18 U.S.C. §§ 1001, 1035, 1347		aff authorized to administer vaccines, to the COVID-19 vaccine redistribution ince with these requirements. Non- the CDC COVID-19 Vaccination
Organization Medical Director (or ed		Andrew Control of the
Last name: BOAKYE	First name: CYNTHIA	Middle initial: G
	itally signed by CYNTHIA BOAKYE te: 2021.02.18 17:02:22-0500' Date: 2021-02-18	Months of the second
Chief Executive Officer (chief fiducia	ry role)	
Last name: Lewis 87 2 (b)	First name: Michelle	Middle initial: 13
Signature:	Date: 02 - 2	0-20 z]

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

- - SUBMIN FORM



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

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. guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov 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 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
NYC Health + Hospitals/Gotham Health, Cumberland "100 North Portland AvenueBrooklyn, New York 11205"	CV1061	02/19/21	
Facility Contact Name and email: enter here Christopher Russo - Russo C@nychhc.org	Contact Phone #: enter 87 2 (b)	Contact Phone # enter phone number Extension: enter if applicable 87 2 (b)	enter if applicable
RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory	for each site receiving v	accine from your invento	λia
	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
ddress (including County)		Moderna # 500	Click or tap to
ace	CV1114		enter a date.
syci (#Tlycillic.org		Check if 2 nd Doses ☑	02/20/21
Receiving Facility Location Name and Address (including County) Contact Name and Email	A part of common of the second		Click or tap to
			enter a date.
		Check if 2 nd Doses 📋	
Receiving Facility Location Name and Address (including County) Contact Name and Email			Click or tap to
			enter a date.
		Check if 2 nd Doses	
Justification (explain in detail the reason for re-distribution and the target nonulation to be vaccinated in accordance with crate anidelines)	Hanco with state anideli	700)	CONTRACTOR OF THE PROPERTY OF

ואומוני

2nd dose redistributions to the initial 1st doses

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 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 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: 2021.02.18 18:09:23 -05'00'

Date: 02/18/21

Document ID: 0.7.1219.5266-000002

Owner: Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Filename: image001.png

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

Document ID: 0.7.1219.5106

From: Kouretsos, Christos

(fydibohf23spdlt)/cn=recipients/cn=christos.kouretsos.nvchhc.or

g>

To:

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

Cc: Muccino, Paul

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1

4459-muccino, paul>; O'Connor, Jeremy

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=f0d6a9469ff3475aab9e12df0d2b efd4-o'connor, jer>; Lewis, Michelle </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=lewism9.nychhc.org>;

McMillan, Adrienne </o=corpnychhc/ou=exchange administrative

group

(fydibohf23spdlt)/cn=recipients/cn=1e02ffb0a21a41e5b81a153bc1c1 ad19-mcmillan, adr>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-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

Disease Conto Signature: 2 2nd dose redistributions to the initial 1st doses



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

guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. 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 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. 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.

- file with their jurisdiction (NYSDOH for facilities outside NYC and NYCDOHMH for facilities within NYC). 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
- 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

のはないないとうというとうないのでは、ところであると	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: xx/xx/xx 01/29/21
acility Contact Name and email: enter here Christos Kouretsos - CHRISTOS.KOURETSOS@nychhc.org	8	Contact Phone #: enter p	Contact Phone #: enter phone number Extension: enter if applicable 7 2 (ら	enter if applicable
RECEIVING FA	RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory	or each site receiving va	ccine from your invento	Ŋ
		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
and Address (including County)	Contact Name and Email Aukia Fowlin-Alenkhe	CV1115	Moderna # 500	Click or tap to enter a date.
4006 3rd Avenue Bronx, NY 10457	fowlina@nychhc.org		Check if 2 nd Doses ✓	01/30/21
Receiving Facility Location Name and Address (including County) Contact Name and Email	ontact Name and Email			Click or tap to
				enter a date.
			Check if 2 nd Doses	
Receiving Facility Location Name and Address (including County) Contact Name and Email	ontact Name and Email			Click or tap to enter a date.
			Check if 2 nd Doses	
sustification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):	arget population to be vaccinated in accorda	ance with state guidelin	ies):	

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

Planney O'rector

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 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

prandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Date:

Feb 2 W24

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	题: \$150° (150°)		
Organization/facility name:	FOR OFFICIAL USE ONLY VTrck	S ID:	
NYC Health + Hospitals/Gotham Health, \mathbf{M}	Unique COVID-19 Organization ID (from .	Section A):	A TABLE
Primary address and contact information	of COVID-19 vaccination organiza	tion	, 网络拉克斯基斯斯
Street address 1: 1225 Gerard Avenue	Street ad	dress 2:	Charles Inches
City: New York County:	Bronx	tate: NY	ZIP: 10452
Telephone: (718) 960-2766 Fax:			
Responsible officers	。 13. 所有是 15. 所有的 15. 所有的 15. 所有 15		
Medical Director (or Equivalent) Information			DUNI NE PIECUEDO
Last name: O'Connor	First name: Jeremy	Ha William	Middle initial:
Title: Medical Director	Licensure state: NY Licensure nu	mber: 292463	
87 2 (b) Telephone	Email: Jeremy.Oconnor@nychl	ic.org	
Street address 1: 1225 Gerard Avenue	Street ad	dress 2:	
City: New York County:	Bronx	tate: NY	ZIP: 10452
Chief Executive Officer (or Chief Fiduciary) Info	rmation		
Last name: Lewis	First name: Michelle		Middle initial:
Telephone number:	Email: LEWISM9@nychhc.org		
Street address 1: 125 Worth St.	Street ad	dress 2:	
City: New York County:	New York	tate: NY	ZIP: 10013

		-lmtd.gallbash-sgs	s/bcp/admin/stor	efer to www.cdc.gov/vaccine	nporated by reference; n). Requirements inco
	1202/	Date: 17 / /		87 2 (b)		Signature:
Middle initial:		11. the 1/2.	First name: 🔍		EINIS	Last name;
				hief fiduciary role	utive Orficer (c	
	1211	Date:	87 2	. (b)		:Signature:
Middle initial:		Jeremy	First name:	۱۹۰	-~ D. Q	:9men tzeJ
		阿默特斯斯	(tr	ector (or equivale	viO lesibeM noi	tesinegrO
to administer vaccines, 9 vaccine redistribution 1 requirements, Non- 1 Vaccination	th staff authorized ree to the COVID-1 spilance with these rom the CDC COVIL	ation and CDC, implemen e, or other legal entity wit in that I have read and ag I are accountable for com spension or termination fi it limited to the Faise Clair	r medical practic this Organizatic rganization and us ni siuses vom	(m, dipsym io ihadəd no yi do thers associated with O ym and understand my odistribution Agneenent	program. I also certi ictitioners, nurses, an juirements listed abo ith the terms of this A criminal and civil pen	notaninumii ond all the bro osyntamenta osyntamiamia ong som and
ממנוחוז ביוטרוט.	กมารเคลมา Joddos ดา วเมล	or redistribution or equipme	รดว ค์เมต มดเ ลเดเรนดด	isə əm ราบอนบาทdən นาเกลบาท	וו פומוה' וסכמו' סג והעווסעים	ואגוועגו רוייר עס
		ing locations, lot numbers				
unization program as	Jurisdiction's Imm	of setis yishnooes of noiti	accine redistribu	y rrecords of COVID-19 v	nd make available an	4. Document a
		nt and CDC guidance in Ct vaccine, for any redistribu				
				vor9 margon9 notianloos		
ign and comply with all		itituent products, or ancill				
		nation Program Provider				
10:		to secondary sites, this org				
国的现在学院发展		ment requirement	aayns goitu		The same of the sa	NEWS CO. LEWIS CO. L.
		apm@nychhc.org	lrub :liem3	87 2 (b)) (190	Telephone numb
Middle initial:		Aoya	A :9cmen teriA		nlap	Last name: Dur
		əui	Doby et GIV	t for receipt of CO	setnos fo tnioq	Secondary
		lina@nychhc.org		87 2 () (d)	Telephone numb
:lsitini əlbbiM		ukia	First name:		vlin-Alenkhe	Fov :amen test
		9nissev et-O	IIVOD to tqi	esponsible for rece ctorlisted above!		

MRO3 TIMBUS

Document ID: 0.7.1219.5033

From: Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-huang, alan>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>; Pod, Zoraya

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=66489a620fc745f6a8b70ed53963

732c-pod, zoraya>

Cc: McLeod, Sheldon

(fydibohf23spdlt)/cn=recipients/cn=sheldon.mcleod.nychhc.org>; THAN, MIN </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-than, min>; Eng, Morris Tat Ming

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=9f2f77e9a5b5409fb91c0a9fe4db

36ea-eng, morris t>; health.sm.CovidVaccineHospitals <covidvaccinehospitals@health.ny.gov>; Sy, Coumba </o=corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=7c1bb7a7b3984fd28dd77ed3acb5

5cd1-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

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).



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

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)

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/1cVdVNbMlmuVse7SPdZ_Egn6TiAXnnuOxlJa_aiG-9InP0q4YRF-

NS9ulc0PKOnexWVQBIUVcm3wTEBVSrRmp8qgkLH_PX2CEclzAn2qBYUwwPJ0DMgOfgQx J8rg8wByGmKDS0g68ueuW3wuVA4tMsDuCj1cKZjzCpeHXOGfCPF1Z2sYGgJ5HI-Vdp59gwwVBNUuSdeCq9v254OzqHryo0c90zQerW2IBXpCcsfwfSlqubHDe1aCH_ZSwoWfutA 6/http%3A%2F%2Fwww.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

Document ID: 0.7.1219.5033-000001

Owner: Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

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

Document ID: 0.7.1219.5103

From: Nistico, Anthony

</o>
</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>
</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: (SXK) 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: (SXK) Coney Island Hospital to Gotham Health (Vanderbilt)

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).



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

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.



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-bX5RQIMuJidm9ZzUkaFoU6OolFiBq3w-0ezhX3FqgNkluQyUFKUQmKzUPYK9cB6ZXTz-BBNHdfYn-HnbtG_tZxZR9U-ISqgwiZQdPCQLby9pA7Y-OGGMwX3qLUKpug68CqET_bs4L0JWn3CSkin-f_Gy7rbCCYwaDVCmISX32j7tKonaZ9HjIN8pky0Gq-IVdnxiNSqjhw1VLeZXH9ZXd1c_kmxt0fFeEqOX2rGB4AF00hc5J2Ym9I13gIkrHh/http%3A%2F%2Fwww.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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:		FOR OFFICIAL USE ONL	Y VTrckS ID:		
Coney Island Hosptial		Unique COVID-19 Organiz	ation ID (from Sectio	n A):	
Primary address and contact info	rmation o	f COVID-19 vaccinatio	n organization		编 数据数据数据
Street address 1: 2601 Ocean Pkwy			Street address	2:	
City: Brooklyn	County:	Kings	State:	NY	_{ZIP:} 11235
Telephone: 87	Fax:				
Responsible officers				11.22	
Medical Director (or Equivalent) Infor	mation				
Last name: Brady		First name: Terence			Middle initial:
Title: CMO		Licensure state: NY	Licensure number	:	
Telephone: 87 2		Email: Terence.Bra	dy@nychhc.c	org	
Street address 1: 2601 Ocean Pkwy			Street address	2:	
City: Brooklyn	County:	King	State:	NY	ZIP: 11235
Chief Executive Officer (or Chief Fiduo	ciary) Infor	mation			
Last name: Lipyanskaya		First name: Svetlana			Middle initial:
Telephone number: 87 2 (b)		Email: lipyanss@n	ychhc.org		
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

(ii dilierent than medical director listed above)						
Last name: Nistico	First name: Anthony	Middle initial:				
Telephone number:	Email: anthony.nistico@nychhc.o	org				
Secondary point of contact for	r receipt of COVID-19 vaccine					
Last name: Halko	First name: Yuliya	Middle initial:				
Telephone number: 87 2	Email: halkoy@nychhc.org					
COVID-19 vaccination organiz	ation redistribution agreement requirements					
To redistribute COVID-19 vaccine, constitue	ent products, and ancillary supplies to secondary sites, this organize	ation 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 rrecords 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)						
30.15 (
	First name: TERENCE	Middle initial:				
Signature:	Date: (11 Z1					
Chief Executive Officer (chief						
Last name: Li Man Ska	Y9 First name: SVE+lana	Middle initial:				
Signature:	Date: 1/11/2/					

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=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-kanu, anthony>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349 d563-than, min>; Muccino, Paul </e>o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Huang, Alan </o>

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-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@nychhc.org>

Cc: THAN, MIN thanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: Re: NYS_RedistributionGuidancE_01022021-00.pdf

87 2 (b)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 1:25 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: RE: NYS_RedistributionGuidancE_01022021-00.pdf

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

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 rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: Re: NYS_RedistributionGuidancE_01022021-00.pdf

87 2 (b)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 1:06 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: RE: NYS_RedistributionGuidancE_01022021-00.pdf

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)

From: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Sent: Tuesday, January 12, 2021 1:01 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_RedistributionGuidancE_01022021-00.pdf

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)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 12:44 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: NYS_RedistributionGuidancE_01022021-00.pdf

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)



Anthony Iwe Kanu Director of Pharmacy NYC Health + Hospitals/ East New York 2094 Pitkin Ave. Brooklyn, NY 11207 87 2 (b)

Visit http://secure-web.cisco.com/1qax5EMjTBUj66wLqMLVCgrKsj4NP4UJSMOKWb-FLzVswPsKdYkr5_2uzBzoZgxLTCdwhVDyx45oT9ox3H3bZ1POOKcQF7c989rfyiMR9jswiCDt5I623iTGgOHDhhN3p_0q29O6v2dk4eFe4W84H008KijJ3pslavTCTiPDqQtgJ7XpObulHpLNYSCOxMOXPEazTHfVb_19dXSRSutYkGOTYdTWt8ujoTo2TA_o1x-ErGufWdbfMFFY4taUXZHHM/http%3A%2F%2Fwww.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

Document ID: 0.7.1219.5181-000001

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: NYC Health + Hospitals East New York.pdf

Last Modified: Tue Jan 12 14:27:07 EST 2021

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

hereby certify, under penalty of law, that frepresent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and

SUDDE

expansion

Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health.

Date:

01/11/2021

Anthony Kanu



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 <u>prior</u> to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov.

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. 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

- 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	ON		
Releasing Facility Location Name and Address, Including County: NYC Health + Hospitals/Gotham Health, East New York - 2094 Pitkin Avenue Brooklyn, New York 11207	COVID Pin #: enter pin # here CV1062	# here	
Facility Contact Name: enter here Anthony Kanu	Date of submission: xx/xx/xx	on: xx/xx/xx	
Contact Email: enter email	Contact Phone #: enter r	hone number Extension:	enter extension if applicable
kanua3@nychhc.org	8 7 2 (b)	anone number Extension:	8 7 2 (b)
RECEIVING FACILITY INFORMATION: Complete for each site receiving vaccine from your inventory	each site receiving vaccing	e from your inventory	
TO (Receiving Facility/Provider Location Name and Address, Including County and contact) BROOKLYN ARMY TERMINAL TEST & TRACE SITE	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
TO (Location) 140 58 STREET BLOCKLYN NY 1920 SY, COLUMBA: SYCTORY Chhange CV 111	1 CVIII4	MOREANA # 500	Click or tap to enter a date. $O(3/32)$
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):			



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 veceiving 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 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.

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

ity: New York	County:	New York	N :ətat2	£1001;41Z
treet address 1: 125 Worth Street			Street address 2:	
87 2 (b) มอquunu əuoydəjə		Email: LEWISM9@	пусьнс.огд	
ast name: Lewis	4,00	First name: Michelle		:lsitini əlbbiM
Chief Executive Officer (or Chief Fidu	ciary) Info	noitem		
ity: New York	County:	Brooklyn	Λ :state:	70211 _{:912}
treet address 1: 2094 Pitkin Avenue			Street address 2:	
87 2 (b) səuoydəjə	The second secon	Email: kanua3@nyc	hhc.org	
itle: Director of Pharmacy		YN Licensure state:	Licensure number:	
ast name: Kanu		First name: Anthony		:lisitini əlbbiM
Medical Director (or Equivalent) Info	noitem			
Responsible officers				
87 2 (b) səuoydəjə	:xe7			and the second of the second o
zity: New York	County:	Brooklyn	Λ :∍fat≷	70211;qiz
itreet address 1: 2094 Pitkin Avenue		The state of the s	Street address 2:	
Primary address and contact info	rmation c	oitanioosv et-GIVOD to	noitezinegyo no	
NYC Health + Hospitals/ East New	York	Unique COVID-19 Organiz	ation ID (from Section A	
:9men yilizet\noitesineg		FOR OFFICIAL USE ONI	TA NILICKS ID:	
noitemrotni noitezinegyO				

	05/11/1 sated	87 2 (b)	ตั้งอยู่การยนต์ เลี้ยงการยนต์
Middle Initial:	First name: Michalle		2' Iwal st name: Lewi's
		chief fiduciary role)	hief Executive Officer
hor)	-51/1 :steO	87 2 (b)	duarnie:
Middle initial: /	First name: A which		man te
7	70-1		, indicate
		irector (or equivalent	d labibaM noitasinagy
authorized to administer vaccines, the COVID-19 vaccine redistribution e VDC COVID-19 Vaccination	an my Organization and CDC, implemented and nedical practice, or other legal entity with staff als Organization that I have read and agree to t anization and I are accountable for compliance ay result in suspension or termination from the cluding but not limited to the False Claims Act,	n ym, llesym 10 ibehad in y clify and others associated with th Diove and understand moew Madities under federal law, ind	mmunization program. I also ce nd all the practitioners, nurses, greement requirements listed c ompliance with the terms of thi
apport redistribution efforts.	nsible for any costs of redistribution or equipment to su	orial health departments are respo	Neither CDC nor state, local, or territ
ation dates, and numbers of doses,	ing and recelving locations, lot numbers, expiri	times of redistribution, sendi	requested, including dates and
3,40 45	cine redistribution to secondary sites to jurisdi	any rifecords of COMD-19 vac	Document and make available
rccine Storage and Handling Toolkit, f COVID-19 vaccine to secondary	n DC's Vacement and CDC guidance in CDC's Va to COVID-19 vaccine, for any redistribution of	turer instructions on cold chai de specific information related	Comply with vaccine manufac which will be updated to inclu locations,
	ler Agreement.	9 Vaccination Program Provid	conditions in the CDC COVID-
	9 vaccine, constituent products, or ancillary su	The state of the s	
	COVID-19 Vaccination Program Provider Agreer		Sign and comply with all cond
		/	
tion garees to:			edistribute COVID-19 vaccine,
	tion agreement requirements		edistribute COVID-19 vaccine,
			edistribute COVID-19 vaccine,
	tion agreement requirements	udistsibəs noitezinegs	OVID-19 vaccination o edistribute COVID-19 vaccine,
49-201741	First name: (TACO) DIVICH Email: TACM-COOLD DIVICH streement requirements	ndirtzibər noitezinegr 82 7 (p)	pphone number: OVID-19 vaccination o
Middle Initial: ASS(),	First name: (TACO) DIVICH Email: TACM-COOLD DIVICH streement requirements	ndirtzibər noitezinegr 82 7 (p)	t name: That as a phone number: Political of the coving tion or sedistribute COVID-19 vaccine,
Middle Initial: الحرين هي المحافظة	ID-19 vaccine First name: (オトビの の あん)りにけ Emall: Jト(かんの の の) かいにけ tion agreement requirements	VOO to tqiəsər rot tss. 84 5 (p) 84 5 (p)	econdary point of continues: TACT ODD the phone number: political of the continues of the
Middle Initial:	First name: COUMBAP. Email: Sych Professione ID-19 vaccine First name: (AFE ON BOUGHT) Email: The Colon Bound of the colon and the colon a	(90040 b9isil 10000) 82 5 (p) 82 5 (p)	t name: SV gphone number: that a vaccine to cont that a vaccine to
رق Middle initial: الحري 10 هـ هـ هـ	Email: SYCL ずいていいい DP-19 vaccine First name: (オトビの の あいりくけい ままま): フト(カレの の あいりくけい attention agreement requirements	(90040 b9isil 10000) 82 5 (p) 82 5 (p)	t name: SV gphone number: that a vaccine to cont that a vaccine to

Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hck/admin/storage dandling.btml.

Document ID: 0.7.1219.5171

From: Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-huang, alan>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>; Kanu, Anthony

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-kanu, anthony>

Cc: THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349 d563-than, min>; Muccino, Paul </e>o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1

4459-muccino, paul>

Bcc:

Subject: RE: NYS_RedistributionGuidancE_01022021-00.pdf

Date: Tue Jan 12 2021 13:22:36 EST

Attachments: image001.png







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: Tuesday, January 12, 2021 1:09 PM To: Kanu, Anthony <kanua3@nychhc.org>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: Re: NYS_RedistributionGuidancE_01022021-00.pdf

87 2 (b)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 1:06 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: RE: NYS_RedistributionGuidancE_01022021-00.pdf

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)

From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Sent: Tuesday, January 12, 2021 1:01 PM To: Kanu, Anthony <kanua3@nychhc.org>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: Re: NYS_RedistributionGuidancE_01022021-00.pdf

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)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 12:44 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Cc: THAN, MIN <a href="mailto:stander-number-stande

<alan.huang@nychhc.org>

Subject: NYS_RedistributionGuidancE_01022021-00.pdf

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)

Anthony Iwe Kanu
Director of Pharmacy
NYC Health + Hospitals/ East New York
2094 Pitkin Ave.
Brooklyn, NY 11207
87 2 (b)

Visit http://secure-web.cisco.

com/1crhfOkqNwsh7yXJbWgpTNEtANRvjVWPrrwLT6o1ZeWymJHUDD7hWwBCYxncDOGCr hpxjazhHdWyfBl5CxiSY8LGudlbMuGxLyxONYpFLZTqvyNl0liWNJnHOaoaeVbJkgXumT8rJ0tj GcDpEubQnvQ_E8h3k1g89X4cptOOxplRou9KdbHj8AtdPS0DdP37AaEx7hX7NyH55qc5vo3B aliqciE26jGxfpqbpBM2K0a7Q2bASwFetUdtm5jHDoUlu/http%3A%2F%2Fwww. nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

Document ID: 0.7.1219.5171-000001

Owner: Huang, Alan </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=924fda46457748ada99a41e8f3e0d29a-huang, alan>

Filename: image001.png

Last Modified: Tue Jan 12 13:22:36 EST 2021

Document ID: 0.7.1219.5174

From: Kanu, Anthony </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-kanu, anthony>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>
THAN, MIN /o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349 d563-than, min>; Muccino, Paul </e>o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Huang, Alan </o>

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-huang, alan>

Bcc:

Cc:

Subject: RE: NYS_RedistributionGuidancE_01022021-00.pdf

Date: Tue Jan 12 2021 13:25:44 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 1:09 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_RedistributionGuidancE_01022021-00.pdf

87 2 (b)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 1:06 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Cc: THAN, MIN rhanm@nychhc.org; Muccino, Paul muccinop@nychhc.org; Huang, Alan

<alan.huang@nychhc.org>

Subject: RE: NYS_RedistributionGuidancE_01022021-00.pdf

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)

From: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Sent: Tuesday, January 12, 2021 1:01 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_RedistributionGuidancE_01022021-00.pdf

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)

From: Kanu, Anthony <kanua3@nychhc.org> Sent: Tuesday, January 12, 2021 12:44 PM

To: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.nv.gov>

Cc: THAN, MIN <thanm@nychhc.org>; Muccino, Paul <muccinop@nychhc.org>; Huang, Alan

<alan.huang@nychhc.org>

Subject: NYS_RedistributionGuidancE_01022021-00.pdf

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)

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

Visit http://secure-web.cisco.com/1qax5EMjTBUj66wLqMLVCgrKsj4NP4UJSMOKWb-FLzVswPsKdYkr5_2uzBzoZgxLTCdwhVDyx45oT9ox3H3bZ1POOKcQF7c989rfyiMR9jswiCDt5I623iTGgOHDhhN3p_0q29O6v2dk4eFe4W84H008KijJ3pslavTCTiPDqQtgJ7XpObulHpLNYSCOxMOXPEazTHfVb_19dXSRSutYkGOTYdTWt8ujoTo2TA_o1x-ErGufWdbfMFFY4taUXZHHM/http%3A%2F%2Fwww.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

Document ID: 0.7.1219.5174-000001

Owner: Kanu, Anthony </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=00a65118efb644f896e22b34c6fe9bcf-kanu, anthony>

Filename: NYC Health + Hospitals East New York.pdf

Last Modified: Tue Jan 12 13:25:44 EST 2021



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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. 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 <u>safe transport guidelines</u> for cold-chain integrity

	RELEASING FACILITY INFORMA	ATION				
Releasing Facility Location Name and Address, Inclu NYC Health + Hospitals / East New York	COVID Pin #: enter pin CV1062	COVID Pin #: enter pin # here CV1062				
		Date of submission: xx 1/13/2021	Date of submission: xx/xx/xx			
Contact Email: enter email kanua3@nychhc.org Contact Phone #: enter phone number Extension: enter extension extension extension enter extension				enter extension if applicab		
	RECEIVING FACILITY INFORMATION: Complete for	or each site receiving vaccin	e from your inventory			
TO (Receiving Facility/Provider Location Na Brooklyn Army Terminal Test & Trace Sit	me and Address, Including County and contact)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer		
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	Section 1	500	Click or tap to enter a date. 1/13/2021		
Justification (explain in detail the reason for re-distri	oution):		-			
	They are next on line for COVID-1	9 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:

Date:

Anthony Iwe kanu

1/11/2021



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:		
NYC Health + Hospitals/ East New Yo	ork	Unique COVID-19 Organiza	tion ID (from Sectio	n A):	
Primary address and contact informati	on of C	OVID-19 vaccinatio	n organization	1	
Street address 1: 2094 Pitkin Ave.			Street address	2:	
City: Brooklyn Cour	nty: K	ings	State:	NY	_{ZIP:} 11207
Telephone: 87 2 (b)	87 ax:	2 (b)			
Responsible officers					
Medical Director (or Equivalent) Information	on				
Last name: Kanu		First name: Anthony			Middle initial:
Title: Director of Pharmacy	Lic	ensure state: NY	Licensure number	040868	
Telephone: 87 2 (b)		Email: kanua3@nyo	chhc.org		
Street address 1: 2094 Pitkin Ave.			Street address	2:	
City: Brooklyn Cour	nty: K	ings	State:	NY	ZIP: 11207
Chief Executive Officer (or Chief Fiduciary)	Informa	ation			
Last name: Lewis		First name: Michelle			Middle initial:
87 2 (b) Telephone number:	L. Park	Email: lewisM9@ny	chhc.org		
Street address 1: Co 125 Worth Street			Street address	2:	
City: New York Cour	nty: N	lanhattan	State:	NY	ZIP: 10013

	oint of contact respor t than medical director l	nsible for receipt of COVID-19 vaccine isted above)	
Last name: S		First name: Coumba	Middle initial:
Telephone nur	87 2 (b) mber:	Email: syc1@nychhc.org	
Secondar	y point of contact for	receipt of COVID-19 vaccine	
Last name: Ja	agroo	First name: Greg	Middle initial:
Telephone nur	87 2 (b)	Email: jagroog@nychhc.org	
COVID-19	vaccination organiza	tion redistribution agreement requirements	
To redistribute	COVID-19 vaccine, constituen	t products, and ancillary supplies to secondary sites, this organ	ization agrees to:
1. Sign and co	omply with all conditions as o	utlined in the CDC COVID-19 Vaccination Program Provider Agre	eement.
		distributed COVID-19 vaccine, constituent products, or ancillary tion Program Provider Agreement.	supplies also sign and comply with all
		uctions on cold chain management and CDC guidance in CDC's c information related to COVID-19 vaccine, for any redistributior	
requested,	, including dates and times of	rds of COVID-19 vaccine redistribution to secondary sites to juri redistribution, sending and receiving locations, lot numbers, ex departments are responsible for any costs of redistribution or equipment to	piration dates, and numbers of doses.
immunization and all the p agreement r compliance Program an	on program. I also certify on be practitioners, nurses, and othe requirements listed above and with the terms of this Redistrib	n agreement between my Organization and CDC, implemented ehalf of myself, my medical practice, or other legal entity with st rs associated with this Organization that I have read and agree lunderstand my Organization and I are accountable for complication Agreement may result in suspension or termination from under federal law, including but not limited to the False Claims A	raff authorized to administer vaccines, to the COVID-19 vaccine redistribution ance with these requirements. Non- the CDC COVID-19 Vaccination
Organiza	ation Medical Director	(or equivalent)	
Last name:	Kanu	First name: Anthony	Middle initial:
Signature:	Anthony Kanu	Digitally signed by Anthony Kanu Date: 2021.01.11 18:00:56 -05'00' Date: 1/11/2021	
Last name:		First name:	Middle initial:

Date:

Signature:

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

(if different than medical director listed above	eceipt of COVID)	-19 vaccine	
Last name: Kamu	First name:	Anthony	Middle Initial:
Telephone number: 87 2 (b)	Email: Ka	enuaz@nychhe	0°79
Secondary point of contact for receipt of	COVID-19 vacçir	ne	
Last name: John	First name:	David	Middle Initial;
Telephone number:	Email: da	wid. John@ny	chheo org
COVID-19 vaccination organization redist			
To redistribute COVID-19 vaccine, constituent products, an			n agrees to:
1. Sign and comply with all conditions as outlined in the	CDC COVID-19 Vaccin	atlon Program Provider Agreeme	nt,
Ensure secondary locations receiving redistributed CO^o conditions in the CDC COVID-19 Vaccination Program R	VID-19 vaccine, consti Provider Agreement.	ituent products, or ancillary suppl	les also sign and comply with all
 Comply with vaccine manufacturer instructions on columbia which will be updated to include specific information relocations. 	d chain management elated to COVID-19 va	and CDC guldance in CDC's <i>Vacci</i> accine, for any redistribution of Co	ne Storage and Handling Toolkit, DVID-19 vaccine to secondary
4. Document and make available any rrecords of COVID-1 requested, including dates and times of redistribution, Neither CDC nor state, local, or territorial health departments are	sending and receiving	g locations, lot numbers, expiration	on dates, and numbers of doses.
By signing this form, I understand this is an agreement b immunization program. I also certify on behalf of myself and all the practitioners, nurses, and others associated w agreement requirements listed above and understand m compliance with the terms of this Redistribution Agreem Program and criminal and civil penalties under federal lo related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349	f, my medical practice, vith this Organization ny Organization and i lent may result in susp aw, including but not i	or other legal entity with staff au that I have read and agree to the are accountable for compliance w tension or termination from the C	thorized to administer vaccines, COVID-19 vaccine redistribution with these requirements, Non- DC COVID-19 Vaccination
Organization Medical Director (or equiva	lent)		
Last name: Kany	First name: .	Anthony	Middle Initial:
Signature:	Carlon St St. St. St. St.	Date: 1/11/2021	
Chief Executive Officer (chief fiduciary ro			
Last name: Lewis	First name: /L	lichelle	Middle Initial: B
87 2 (b) Signature:		Date: 1/11/20	21

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>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

To:

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

Muccino, Paul Cc:

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1

4459-muccino, paul>

Bcc:

Subject: Vaccine Redistribution from Metropolitan to Harlem

Tue Jan 26 2021 08:42:19 EST Date:

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

Attached Image (1).msg <extracted> for Printed Item: 23 (Attachment 1 of 2)

Igboechi, Chike[Chike.Igboechi@nychhc.org] To:

From:

Igboechi, Chike Tue 1/26/2021 1:38:17 PM Sent:

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

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 <u>CovidVaccineRedistribution@health.ny.gov</u>. 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 reallocation, 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.

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

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. guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. 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 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. A

	RELEASING FACILITY INFORMATION			
Releasing Facility Location Name and Address (including County): NYC Health + Hospitals/Metropolitan - 1901 First Avenue New York, N	nty): Yark, 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	Contact Phone #: enter phone number Extension: enter if applicable	enter if applicable
RECEIVING FA	RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory	or each site receiving va	ccine from your invento),
		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
ition Name and Address (including County) I	Contact Name and Email HINNAH FAROOQI -	CV1019	Pfizer # 550	Click or tap to enter a date.
LON, May 10th 1003	ninnan.Farooqi@nycnnc.org		Check if 2 nd Doses 🗌	01/26/21
Receiving Facility Location Name and Address (including County) Contact Name and Email	ontact Name and Email			Click or tap to enter a date.
			Check if 2 nd Doses	
Receiving Facility Location Name and Address (including County) Contact Name and Email	ontact Name and Email			Click or tap to enter a date.
			Check if 2 nd Doses	
Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):	target population to be vaccinated in accord	ance with state guidelir	nes):	

To support vaccination demand for expansion of vaccine eligibility 1B

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 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 Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health. Signature:

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



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:	
NYC Health + Hospitals/Metropolitan	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. County.	New York State: NY	ZIP: 10029
Telephone: (87 2 (b)		
Responsible officers		
Medical Director (or Equivalent) Information		OF BUILDING
Last name: Igboechi	First name: Chike	Middle initial:
Title: Director of Pharmacy	icensure state: NY Licensure number: 043433	distribution in
87 2 (b) Telephone:	Email: Chike.Igboechi@nychhc.org	
Street address 1: 1901 First Avenue	Street address 2:	
City: New York County: 1	New York State: NY	ZIP: 10029
Chief Executive Officer (or Chief Fiduciary) Inform	nation	
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:	Tang tang tang tang
City: New York County: 1	New York State: NY	ZIP: 10029

Primary point of contact responsi	sible for receipt of COVID-19 vaccine sted above)	
Last name: FAROOQI	First name: HINNAH	Middle initial:
Telephone number:	Email: Hinnah.Farooqi@nychhc.org	eee miden
Secondary point of contact for re	eceipt of COVID-19 vaccine	
Last name: Go	First name: Hans	Middle initial;
Telephone number: 87 2 (b)	Email: goh@nychhc.org	
COVID-19 vaccination organizati	ion redistribution agreement requirements	
To redistribute COVID-19 vaccine, constituent	products, and ancillary supplies to secondary sites, this organizatio	n agrees to:
1. Sign and comply with all conditions as out	tlined In the CDC COVID-19 Vaccination Program Provider Agreeme	nt.
Ensure secondary locations receiving redis conditions in the CDC COVID-19 Vaccination	stributed COVID-19 vaccine, constituent products, or ancillary supp on Program Provider Agreement.	lies also sign and comply with all
Comply with vaccine manufacturer instruction which will be updated to include specific in locations.	ctions on cold chain management and CDC guldance in CDC's <i>Vacc</i> Information related to COVID-19 vaccine, for any redistribution of Co	ine Storage and Handling Toolkit, OVID-19 vaccine to secondary
requested, including dates and times of re-	ls of COVID-19 vaccine redistribution to secondary sites to Jurisdictl distribution, sending and receiving locations, lot numbers, expiration and the suppression of	on dates, and numbers of doses.
immunization program. I also certify on beh and all the practitioners, nurses, and others agreement requirements listed above and u compliance with the terms of this Redistribu	agreement between my Organization and CDC, implemented and n half of myself, my medical practice, or other legal entity with staff au associated with this Organization that I have read and agree to the nderstand my Organization and I are accountable for compliance w tion Agreement may result in suspension or termination from the C der federal law, including but not limited to the False Claims Act, 31 6, 1347, 1349.	nthorized to administer vaccines, COVID-19 vaccine redistribution with these requirements. Non- DC COVID-19 Vaccination
Organization Medical Director (or equivalent)	
Last name: 1 C B O E C H 1 87 2 (b)	First name: Chike	Middle initial: A
Signature:	Date: 1/26/20	7 Y
Chief Executive Officer (chief fid	uciary role)	
Last name: Roke: 87 2 (b)	First name: Christopher	Middle initial:
Signature:	Date: 1. 26.2	
Requirements incorporated by reference refer to www.	v.cdc.gov/vaccines/hcp/admin/storage-handling.html.	SUBMIT FORM
		SUBMITI FURIM



Document ID: 0.7.1219.5039

From: Russo, Christopher

(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e7

26a3-christopher r>

To:

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

Cc: Muccino, Paul

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-huang, alan>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349 d563-than, min>; Boakye, Cynthia </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=cynthia.boakye.nychhc.org>; Clarke, Michel </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=michel.clarke.nychhc.org>; Dibari, Danielle </o=corpnychhc/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 Resdistribution 1-11-21 p2.tif COVID Vaccine Restribution 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



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 <u>prior</u> 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 INFORMATIO)N		
Releasing Facility Location Name and Address, Including County: NYC Health + Hospitals / Cumberland	COVID Pin #: enter pin		
Facility Contact Name: enter here Christopher Russo	Date of submission: xx		
Contact Email: enter email russoc@nychhc.org	1/11/ Contact Phone #: enter		n: enter extension if applical
	012(0)		ii enter extension ii applicar
RECEIVING FACILITY INFORMATION: Complete for ea	ach site receiving vaccin	e from your inventory	
TO (Receiving Facility/Provider Location Name and Address, Including County and contact) To (Location) Contact Name and Facility (Provider Location Name and Address, Including County and Contact Name and Facility (Provider Location)	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
Brooklyn Army Terminal Test + Trace Coumba Sy Syc1@Nyc Hurch	<u></u>	Moderna 500	Click or tap to enter a date.
To (Location)	V		Click or tap to enter a date.
To (Location)			
			Click or tap to enter a date.
lustification (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. Date:

Christopher Russo

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 Resdistribution 1-11-21 p2.tif

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



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				13.3.		
Organization/facility name:		FOR OFFICIAL USE ON	I LY VTrckS ID	•		
NYC Health + Hospitals / Cumberlan	d	Unique COVID-19 Organi			:	
Primary address and contact informat	ion of (
Street address 1: 100 North Portland Ave			Street addres			
City: Brooklyn Cou	_{inty:} K	Kings	State:	NIX	_{ZIP:} 11205	
87 2 (b)		2 (b)	State:		ZIP: 11200	
Responsible officers						
Medical Director (or Equivalent) Information	on					
_{Last name:} Boakye		First name: Cynthia			Middle initial:	
Title: Medical Director	Lic	ensure state: NY	Licensure numbe	. 16352		
Telephor		Email: cynthia.boal	kye@nychhc.			
Street address 1: 100 North Portland Aver	nue		Street address			
City: Brooklyn Cour	nty: Ki	ings	State:	NY	_{ZIP:} 11205	
Chief Executive Officer (or Chief Fiduciary)	Informa	ation	State.		ZIP: 11200	
Last name: Lewis		First name: Michelle			Middle initial:	
7 (b) Telephone number:		Email: lewism9@ny	/chhc.org		wilddie iriitiai:	
Street address 1: 125 Worth Street			Street address	7.		
City: New York Coun	ty: Ma	anhattan	State:	NY	ZIP: 10013	
			Jiale.		ZIF. 100 10	

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

(if different than medical directo	ponsible for receipt of COVID-19 vaccine or listed above)	the second secon
Last name: Sy		
Telephone number: 87 2 (b)	First name: Coumba	Middle initial:
the state of the s	Email: syc1@nychhc.org	Middle Initial:
Last name: Jagroo	Email: syc1@nychhc.org or receipt of COVID-19 vaccine	
Sust Hallie: Jag100	First name: Greg	
Telephone number: 87 2 (b)		Middle initial;
COVID-19 vaccination organiza	Email: jagroog@nychhc.org ation redistribution agreement requirements	
To redistribute COVID-19 vaccine, constitue:	ation redistribution agreement requirements ent products, and ancillary supplies to secondary sites, this org outlined in the CDC COVID-19 Vaccination Program Products	S
Jigit and comply with all condition	supplies to secondary sites at the	
Ensure secondary locations receiving rec	ent products, and ancillary supplies to secondary sites, this orgoutlined in the CDC COVID-19 Vaccination Program Provider Additional Covid-19 vaccine, constituent products, or ancillation Program Provider Agreement, uctions on cold chain management.	Agreement.
· Comply with ward	otion Program Provider Agreement	ry supplies also sign and
which will be updated to include	ation Program Provider Agreement, uctions on cold chain management and CDC guidance in CDC information related to COVID-19 vaccine, for any redistributions of the covid-19 vaccine redistributions of the covid-19 vaccine.	and comply with a
locations.	: Information related to COVID-19 vaccine, for any rodical	s Vaccine Storage and Handling Toolking
Document and make available any resort	rds of COVID-19 vaccine redistribution to secondary sites to ju edistribution, sending and receiving locations, lot numbers, ex departments are responsible for any costs of redistributions.	on of COVID-19 vaccine to secondary
Neither CDC name of the State o	ds of COVID-19 vaccine redistribution to secondary sites to in	wheelt are
retirier CDC nor state, local, or territorial health de	rds of COVID-19 vaccine redistribution to secondary sites to Ju edistribution, sending and receiving locations, lot numbers, ex departments are responsible for any costs of redistribution or equipment	risdiction's immunization program as
Sy signing this fam.	y costs of redistribution or equipment	to support redistribution are
nd all the practitioners	alf of myself, my medical practice and CDC, implemented	and maintained by my jurisdiction
The productioners, nurses, and others of	accorded to the production of other local and	
mnllance with at	inderstand much as the second second and second	
mnllance with at	inderstand much as the second second and second	
ompliance with the terms of this Redistributions and criminal and civil penalties under lated federal laws, 18 U.S.C. §§ 1001, 1035	inderstand my Organization and I are accountable for compliant in Agreement may result in suspension or termination from the federal law, including but not limited to the Folia China	
ompliance with the terms of this Redistributions and criminal and civil penalties under lated federal laws, 18 U.S.C. §§ 1001, 1035	inderstand my Organization and I are accountable for compliant in Agreement may result in suspension or termination from the federal law, including but not limited to the Folia China	
ompliance with the terms of this Redistributions and criminal and civil penalties under lated federal laws, 18 U.S.C. §§ 1001, 1035, 18 ganization Medical Director (or O	inderstand my Organization and I are accountable for compliant in Agreement may result in suspension or termination from the federal law, including but not limited to the Folia China	
ompliance with the terms of this Redistribution of the Redistribut	inderstand my Organization and I are accountable for complia ition Agreement may result in suspension or termination from the fer federal law, including but not limited to the False Claims Act 1347, 1349. requivalent	
ompliance with the terms of this Redistribution of the Redistribut	inderstand my Organization and I are accountable for compliant in Agreement may result in suspension or termination from the federal law, including but not limited to the Folia China	to the COVID-19 vaccine redistribution in the COVID-19 vaccine redistribution ince with these requirements. Non-the CDC COVID-19 Vaccination it, 31 U.S.C. § 3729 et seq., and other
ompliance with the terms of this Redistribution of the Redistribut	inderstand my Organization and I are accountable for compliant of the second se	to the COVID-19 vaccine redistribution neewith these requirements. Non-the CDC COVID-19 Vaccination at 31 U.S.C. § 3729 et seq., and other
pempliance with the terms of this Redistribution of the Redistribu	inderstand my Organization and I are accountable for complia ition Agreement may result in suspension or termination from the fer federal law, including but not limited to the False Claims Act 1347, 1349. requivalent	to the COVID-19 vaccine redistribution neewith these requirements. Non-the CDC COVID-19 Vaccination at 31 U.S.C. § 3729 et seq., and other
pampliance with the terms of this Redistribution of the Redistribu	requivalent) Starry role) The desiration of the process of the p	to the COVID-19 vaccine redistribution neewith these requirements. Non-the CDC COVID-19 Vaccination at 31 U.S.C. § 3729 et seq., and other
compliance with the terms of this Redistribution of the Redistribu	r equivalent) st name: Clary role) First name: Michael Le Accountable for compliant of the false Claims Accountable for compliant of the false false for compliant of the false fal	to the COVID-19 vaccine redistribution race with these requirements. Non-the CDC COVID-19 Vaccination rt, 31 U.S.C. § 3729 et seq., and other Middle initial:
pompliance with the terms of this Redistribution of the Redistribu	requivalent) Starry role) The desiration of the process of the p	to the COVID-19 vaccine redistribution race with these requirements. Non-the CDC COVID-19 Vaccination rt, 31 U.S.C. § 3729 et seq., and other Middle initial:

Document ID: 0.7.1219.5250

From: Igboechi, Chike

(fydibohf23spdlt)/cn=recipients/cn=chike.igboechi.nychhc.org>

To:

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

Cc: Dibari, Danielle

</o>
</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>

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



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?

Governor

- 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 reallocation, 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.

FROM METRO TO Lincoln Redistribution Guidance NEW FORM-s22.pdf for Printed Item: 30 (Attachment 1 of 1)



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			of Submission: xx/xx/xx	
Facility Contact Name and email: enter here		87 2 (1	b)	phone numb	er Extension :	enter if applicable	
RECEIVING	FACILITY INFORMATION: Complete one	e row f	or each site receiving v	accine from	your invento	ry	
			Receiving Provider COVID PIN #		cturer and 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		
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.	
				Check if 2 nd	Doses 🗌		
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.	
				Check if 2 nd	Doses 🗌		
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in	accord	dance with state guidel	ines):			

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:

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 Organiza	tion ID (from Section A):	
Primary address and contact	ct information of (COVID-19 vaccination	n organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
87 2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivaler	nt) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Chi	ef Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
87 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:

FROM METRO TO Lincoln Redistribution Guidance NEW FORM-s22.pdf for Printed Item: 30 (Attachment 1 of 1)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

(if different than medical director	r listed above)	
Last name:	First name:	Middle initial:
2 (b)	Email:	
Secondary point of contact for		
Last name:	First name:	Middle initial:
2 (b)	Email:	
COVID-19 vaccination organiz	ation redistribution agreement requiren	nents
	ent products, and ancillary supplies to secondary sites, t	
1. Sign and comply with all conditions as	outlined in the CDC COVID-19 Vaccination Program Pro	vider Agreement.
2. Ensure secondary locations receiving r conditions in the CDC COVID-19 Vaccir	redistributed COVID-19 vaccine, constituent products, or nation Program Provider Agreement.	r ancillary supplies also sign and comply with all
	structions on cold chain management and CDC guidanc ific information related to COVID-19 vaccine, for any red	
requested, including dates and times o	cords of COVID-19 vaccine redistribution to secondary sof redistribution, sending and receiving locations, lot nulth departments are responsible for any costs of redistribution or e	mbers, expiration dates, and numbers of doses.
immunization program. I also certify on and all the practitioners, nurses, and oth agreement requirements listed above ar compliance with the terms of this Redist	an agreement between my Organization and CDC, impose behalf of myself, my medical practice, or other legal ent hers associated with this Organization that I have read and understand my Organization and I are accountable for its business and the following provided in the False sunder federal law, including but not limited to the False 1035, 1347, 1349.	rity with staff authorized to administer vaccines, and agree to the COVID-19 vaccine redistribution or compliance with these requirements. Non-ation from the CDC COVID-19 Vaccination
Organization Medical Directo	or (or equivalent)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (chief	fiduciary role)	
Last name:	First name:	Middle initial:

Date:

Signature:

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \,\underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Document ID: 0.7.1219.5013

From: Buckner, Althea

(fydibohf23spdlt)/cn=recipients/cn=althea.buckner.nychhc.org>

To:

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

Cc: Muccino, Paul

</o>
</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



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 <u>prior</u> 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 INFORMA	TION			
Releasing Facility Location Name and Address, Including NYC Health + Hospitals/Gotham Health, Gouverneur - 227		COVID Pin #: enter pin # here CV1060			
Facility Contact Name: enter here Althea Buckner	Date of submission: xx/xx/xx 01/15/21 Contact Phone #: enter phone number Extension: enter extension if app 87 2 (b)				
Contact Email: enter email Althea.Buckner@nychhc.org					
R	ECEIVING FACILITY INFORMATION: Complete for	or each site receiving vaccin	e from your inventory		
TO (Receiving Facility/Provider Location Name Brooklyn Army Terminal Test and Trace - 140 58th Stre		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer	
то (Location) Brooklyn Army Terminal Test and Trace	Contact Name and Email Coumba Sy - syc1@nychhc.org	CV1114	Moderna # 200	Click or tap to enter a date 01/15/21	
To (Location) Brooklyn Army Terminal Test and Trace	Coumba Sy - syc1@nychhc.org	CV1114	Moderna # 200	Click or tap to enter a date 01/15/21	
To (Location) Brooklyn Army Terminal Test and Trace	Coumba Sy - syc1@nychhc.org	CV1114	Moderna # 200	Click or tap to enter a date 01/15/21	
Justification (explain in detail the reason for re-distributi	on):	to a manufacture of the			

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.

Althea Buckner

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:		FOR OFFICIAL USE ONI	LY VTrckS ID:		
NYC Health + Hospitals/ Gouverner	ır	Unique COVID-19 Organiz	ration ID (from Sectio	n A):	
Primary address and contact info	mation o	of COVID-19 vaccination	on organizatio		
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		SAME AND PARTY			PAGE TENNEN
Medical Director (or Equivalent) Infor	mation				
Last name: Buckner		First name: Althea			Middle initial:
Title: Director of Pharmacy		Licensure state: NY	Licensure number	:	
87 2 (b) Telephone:		Email: Althea.Bucks	ner@nychhc.org	g	
Street address 1: 227 Madison Street			Street address	2:	
City: New York	County:	New York	State:	NY	ZIP: 10002
Chief Executive Officer (or Chief Fiduc	iary) Infor	mation			
Last name: Lewis		First name: Michelle			Middle initial:
87 2 (b) Telephone number:		Email: LEWISM9@	nychhc.org		
Street address 1: 125 Worth St.			Street address	2:	
City: New York	County	New York	State:	NY	_{7IP:} 10013

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respon (if different than medical director li	sible for receipt of COVID-19 vaccine sted above)	
Last name: Sy	First name: Coumba	Middle initlal:
87 2 (b) Telephone number:	Email: syc1@nychhc.org	
Secondary point of contact for r	eceipt of COVID-19 vaccine	
Last name: Jagroo	First name: Greg	Middle initial:
87 2 (b) Telephone number:	Email: jagroog@nychhc.org	
COVID-19 vaccination organizat	ion redistribution agreement requirements	
To redistribute COVID-19 vaccine, constituent	products, and ancillary supplies to secondary sites, this organi	zation agrees to:
1. Sign and comply with all conditions as ou	tlined in the CDC COVID-19 Vaccination Program Provider Agre	ement,
Ensure secondary locations receiving redictions in the CDC COVID-19 Vaccination	stributed COVID-19 vaccine, constituent products, or ancillary : on Program Provider Agreement.	supplies also sign and comply with all
	ctions on cold chain management and CDC guidance in CDC's information related to COVID-19 vaccine, for any redistribution	
requested, Including dates and times of re	ds of COVID-19 vaccine redistribution to secondary sites to juris edistribution, sending and receiving locations, lot numbers, exp departments are responsible for any costs of redistribution or equipment to	oiration dates, and numbers of doses.
immunization program. I also certify on bei and all the practitioners, nurses, and others agreement requirements listed above and u compliance with the terms of this Redistribu	agreement between my Organization and CDC, implemented of half of myself, my medical practice, or other legal entity with store associated with this Organization that I have read and agree to inderstand my Organization and I are accountable for compliantion Agreement may result in suspension or termination from the federal law, including but not limited to the False Claims Acts, 1347, 1349.	off authorized to administer vaccines, to the COVID-19 vaccine redistribution nce with these requirements. Non- the CDC COVID-19 Vaccination
Organization Medical Director (or equivalent)	
Last name: Buckner	First name: Athea	Middle Initlal:
Signature: 87 2 (b)	Date: 1/15	2021
Chief Executive Officer (chief fic		
Last name: Lewis	First name: Muhelle	Middle initial: 🛭 🗷
Signature:	Date: 1/15/	2021

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

(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

To:

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

Inzerillo, Michael Cc:

</o>
</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

Mon Jan 11 2021 15:50:21 EST Date:

Attachments: image001.png

Refrigerated COVID-19 Vaccine Transport Tracking Form.pdf

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

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.

Gather the Supplies



1

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 +/-1°F (+/-0.5°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

CS249275-I August 2015

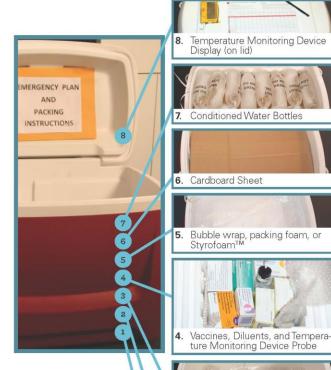
Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

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 COVID-19 Vaccine Transport Tracking Form.pdf for Printed Item: 34 (Attachment 2 of 2)

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

•		it on day of transport: ional sheets if needed):	□ C° □ F	-° Time	placed in transport contain	ner: 🗆 AM 🛭
Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments
						PIN

NYS COVID-19 Vaccine Program: Guidance for Vaccine Transport

December 2020

Page 4 of 4

Document ID: 0.7.1219.5083

From: Kanu, Anthony </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-kanu, anthony>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349 d563-than, min>; Muccino, Paul </e>o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Huang, Alan </o>

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-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@nychhc.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: Doh (1).msg <extracted for Printed Item: 37 (Attachment 1 of 2) Kanu, Anthony[kanua3@nychnc.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).

(4)		Com Date Cont		A ((= -1 (4	- (0)
).msg	<extracted></extracted>	for Printed	Item: 37 (Attachment 1	Of 2)

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 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): Lot # Manufacturer Expiration # of Cold Chain COVID-19 Comments date doses 011L20A Maintained (Y/N) MODERNA COVID-19 2/12/2021 300 012L20A Y MODERNA 2/12/2021 200 Y 87 2 (b) Name of Provider Receiving Vaccine (or alternate storage location):_ Temperature of transport container upon arrival: 10 MC° DF° Temperature of *receiving* storage unit: 3.7 ♥ C° □ F° Maximum temperature reached during transport: NYS COVID-19 Vaccine Program: Guidance for Vaccine Transport December 2020 Page 4 of 4

Doh (1).msg <extracted> for Printed Item: 37 (Attachment 1 of 2)

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)

Vaccine	Lot#	ditional sheets if needed) Manufacturer	Expiration			ntainer: 12:10 □ AM ■
COVID-19	011L20A	MODERNIA	date	# of doses	Cold Chain Maintained (Y/N)	Comments
COVID-19	012L20A	MODERNA	2/12/2021	300	Y	The state of the s
		MODERNA	2/12/2021	200	Y	
			87 2 (b)			
ne arrived at receiv	ving location: 1 0	r alternate storage local AM PM AC° F° ccine Transport	tion):_ Temperature	of transpo	ort container upon arriverent during trans	IVAI: 10 PIN 47 Sport: -5 VOC 0

Document ID: 0.7.1219.5165

From: Kanu, Anthony </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-kanu, anthony>

To:

Cc:

CovidVaccineRedistribution@health.ny.gov <covidvaccineredistribution@health.ny.gov> THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349 d563-than, min>; Muccino, Paul </e>o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-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

(if different than medical director listed above,)	
Last name: Kamu	First name: Anthony	Middle initial:
87 2 (b) Telephone number:	Email: Kanua3@nychho	20079
Secondary point of contact for receipt of 0		
Last name: John	First name: David	Middle initial:
Telephone number:	Email: david. John@ny	ichheo org
COVID-19 vaccination organization redist		
To redistribute COVID-19 vaccine, constituent products, an	d ancillary supplies to secondary sites, this organizati	on agrees to:
1. Sign and comply with all conditions as outlined in the	CDC COVID-19 Vaccination Program Provider Agreem	ent,
Ensure secondary locations receiving redistributed COV conditions in the CDC COVID-19 Vaccination Program F	VID-19 vaccine, constituent products, or ancillary sup Provider Agreement.	plies also sign and comply with all
 Comply with vaccine manufacturer instructions on cold which will be updated to include specific information r locations. 	d chain management and CDC guidance in CDC's <i>Vac</i> related to COVID-19 vaccine, for any redistribution of (cine Storage and Handling Toolkit, COVID-19 vaccine to secondary
 Document and make available any rrecords of COVID-1 requested, including dates and times of redistribution, Neither CDC nor state, local, or territorial health departments are 	sending and receiving locations, lot numbers, expirat	tion dates, and numbers of doses.
By signing this form, I understand this is an agreement be immunization program. I also certify on behalf of myself, and all the practitioners, nurses, and others associated wagreement requirements listed above and understand more compliance with the terms of this Redistribution Agreement Program and criminal and civil penalties under federal large related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349. Organization Medical Director (or equivalent)	, my medical practice, or other legal entity with staff of with this Organization that I have read and agree to the my Organization and I are accountable for compliance ent may result in suspension or termination from the aw, including but not limited to the False Claims Act, 3	nuthorized to administer vaccines, ne COVID-19 vaccine redistribution with these requirements. Non- CDC COVID-19 Vaccination
	A 4	
Last name: 87 2 (b) Signature:	First name: Anthony Date: 111/202	Middle Initial:
87 2 (b)	Date: 44/202	
87 2 (b) Signature:	Date: 44/202	

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



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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. 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 <u>safe transport guidelines</u> 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) ter 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)	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 ONL	LY	VTrckS ID:	
		Unique COVID-19 Organiz	ation ID	(from Section A):	
Primary address and contact in	formation of	COVID-19 vaccination	on orga	anization	
Street address 1:			Str	eet address 2:	
City:	County:			State:	ZIP:
Telephone:	Fax:				
Responsible officers					
Medical Director (or Equivalent) In	formation				
Last name:		First name:			Middle initial:
Title:	L	icensure state:	Licens	ure number:	
Telephone:		Email:			
Street address 1:			Str	eet address 2:	
City:	County:			State:	ZIP:
Chief Executive Officer (or Chief Fi	duciary) Inforn	nation			
Last name:		First name:			Middle initial:
Telephone number:		Email:			
Street address 1:			Str	eet address 2:	
City:	County:			State:	ZIP:
	-				

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Secondary point of contact for receipt of COntact name: b) COVID-19 vaccination organization redistrile oredistribute COVID-19 vaccine, constituent products, and consist name is sign and comply with all conditions as outlined in the CDD is Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Productions in the CDC COVID-19 Vaccination Program Productions which will be updated to include specific information relationations. Document and make available any records of COVID-19 requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are recorded in the process of the program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement program of the process of the proce	First name: Email: Cution agreement requirementillary supplies to secondary sites, the COVID-19 Vaccination Program Provider Agreement. In ain management and CDC guidance and to COVID-19 vaccine, for any redicted to COV	whis organization agrees to: ovider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit, istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of doses
COVID-19 vaccination organization redistribute redistribute COVID-19 vaccine, constituent products, and a Sign and comply with all conditions as outlined in the CD Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro Comply with vaccine manufacturer instructions on cold conditions which will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are remainded in the practitioners, nurses, and others associated with agreement requirements listed above and understand my Compliance with the terms of this Redistribution Agreement	First name: Email: Sution agreement requirementillary supplies to secondary sites, the COVID-19 Vaccination Program Provider Agreement. Sain management and CDC guidance and to COVID-19 vaccine, for any redirection redistribution to secondary sites accine redistribution to secondary sites and receiving locations, lot nurse consible for any costs of redistribution or econsible for any costs of redistribution or econsidered.	nents this organization agrees to: ovider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit, istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of doses
COVID-19 vaccination organization redistribute redistribute COVID-19 vaccine, constituent products, and a Sign and comply with all conditions as outlined in the CD Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro Comply with vaccine manufacturer instructions on cold conditions which will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are remainded in the practitioners, nurses, and others associated with agreement requirements listed above and understand my Compliance with the terms of this Redistribution Agreement	First name: Email: Cution agreement requirementillary supplies to secondary sites, the COVID-19 Vaccination Program Provider Agreement. In ain management and CDC guidance and to COVID-19 vaccine, for any redicted to COV	nents this organization agrees to: ovider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of doses
COVID-19 vaccination organization redistribute redistribute COVID-19 vaccine, constituent products, and a Sign and comply with all conditions as outlined in the CD Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Products which will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 vacquested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are resimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	Email: COVID-19 Vaccination Program Provider Agreement. Takin management and CDC guidance and to COVID-19 vaccine, for any rediction and rediction of the country of the	nents this organization agrees to: ovider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of doses
COVID-19 vaccination organization redistribute redistribute COVID-19 vaccine, constituent products, and a Sign and comply with all conditions as outlined in the CD Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Productions in the CDC COVID-19 Vaccination Program Productions in the UDC COVID-19 Vaccination Program Productions on cold conditions which will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 vaccinations are reducted, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are reducted in the practitioners, nurses, and others associated with agreement requirements listed above and understand my Compliance with the terms of this Redistribution Agreement	cution agreement requirementially supplies to secondary sites, the COVID-19 Vaccination Program Provider Agreement. In ain management and CDC guidance and to COVID-19 vaccine, for any redirection of the country site of the co	whis organization agrees to: ovider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of doses
Sign and comply with all conditions as outlined in the CD Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro Comply with vaccine manufacturer instructions on cold conditions which will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are resimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	COVID-19 Vaccination Program Provider Agreement. The initial products of the	whis organization agrees to: ovider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of doses
Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro Comply with vaccine manufacturer instructions on cold cowhich will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 or requested, including dates and times of redistribution, see Neither CDC nor state, local, or territorial health departments are resimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	COVID-19 Vaccination Program Products, or order Agreement. The initial products of the control	evider Agreement. r ancillary supplies also sign and comply with a e in CDC's Vaccine Storage and Handling Toolkit istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of dose
Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro Comply with vaccine manufacturer instructions on cold of which will be updated to include specific information relations. Document and make available any rrecords of COVID-19 requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are resimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	19 vaccine, constituent products, or rider Agreement. Tain management and CDC guidance and to COVID-19 vaccine, for any redirection redistribution to secondary sinding and receiving locations, lot nurbonsible for any costs of redistribution or econsible for any costs of redistribution or econsidered.	r ancillary supplies also sign and comply with a e in CDC's <i>Vaccine Storage and Handling Toolkin</i> istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of dose
conditions in the CDC COVID-19 Vaccination Program Procomply with vaccine manufacturer instructions on cold of which will be updated to include specific information relations. Document and make available any rrecords of COVID-19 or requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are resimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	rider Agreement. Italin management and CDC guidance and to COVID-19 vaccine, for any redirection and redirection to secondary sinding and receiving locations, lot nurbonsible for any costs of redistribution or econsible for any costs of redistribution or econsidered.	e in CDC's <i>Vaccine Storage and Handling Toolki</i> istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of dose
which will be updated to include specific information relationations. Document and make available any rrecords of COVID-19 or requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are residually the program. I understand this is an agreement betwimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	accine redistribution to secondary sinding and receiving locations, lot nurbonsible for any costs of redistribution or econsible for any costs of redistribution or econsiderate and the control of the c	istribution of COVID-19 vaccine to secondary ites to jurisdiction's immunization program as mbers, expiration dates, and numbers of dose
requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are resembled. By signing this form, I understand this is an agreement betwimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement	ding and receiving locations, lot nur	mbers, expiration dates, and numbers of dose
immunization program. I also certify on behalf of myself, m and all the practitioners, nurses, and others associated with agreement requirements listed above and understand my of compliance with the terms of this Redistribution Agreemen	soon my Overenization and CDC invol	
immunization program. I also certify on behalf of myself, m and all the practitioners, nurses, and others associated with agreement requirements listed above and understand my of compliance with the terms of this Redistribution Agreemen	voon my Ovaanization and CDC :	
related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	nedical practice, or other legal enti this Organization that I have read a rganization and I are accountable fo may result in suspension or termina	ity with staff authorized to administer vaccine and agree to the COVID-19 vaccine redistribution or compliance with these requirements. Non-
Organization Medical Director (or equivale	nt)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (chief fiduciary role		

Date:

09/29/20

Signature:

 $^{^{1}\}textit{Requirements incorporated by reference; refer to} \underline{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}.$

Document ID: 0.7.1219.5087

From: Nistico, Anthony

(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org>

To:

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

Inzerillo, Michael Cc:

</o>
</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: Moderna Vaccine Re-Distribution Date: Mon Jan 11 2021 10:27:46 EST

Attachments: image001.png

NYS_RedistributionGuidancE_01022021.pdf

Refrigerated COVID-19 Vaccine Transport Tracking Form.pdf

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

Document ID: 0.7.1219.5087-000001

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 10:27:46 EST 2021

Document ID: 0.7.1219.5087-000002

Owner: Nistico, Anthony </o=corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=anthony.nistico.nychhc.org> Filename: NYS_RedistributionGuidancE_01022021.pdf

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



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 reallocation, 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.



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	ed and must follow <u>safe transport guidelines</u> for cold	d-chain integrity.			
	RELEASING FACILITY INFORMATIO	N			
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		hone number Extension : enter extension if appli			
Ri	CEIVING FACILITY INFORMATION: Complete for ea	ach 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	VTrckS ID:	
		Unique COVID-19 Organizati	on ID (from Section A):	
Primary address and contac	t 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 Equivalen	t) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state: L	icensure number:	
7 2 (b)		Email:		
Street address 1:	•		Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Chie	ef Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:

NYS_RedistributionGuidancE_01022021.pdf for Printed Item: 43 (Attachment 2 of 3)

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: Middle initial: First name: 87 2 (b) Email: Secondary point of contact for receipt of COVID-19 vaccine Middle initial: Last name: First name: 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 rrecords 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. Noncompliance 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) Middle initial: Last name: First name: Signature: Date: **Chief Executive Officer (chief fiduciary role)** Last name: First name: Middle initial:

Date:

09/29/20

Signature:

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=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 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.
- 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.

Gather the Supplies

1



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 +/-1°F (+/-0.5°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

CS249275-I August 2015

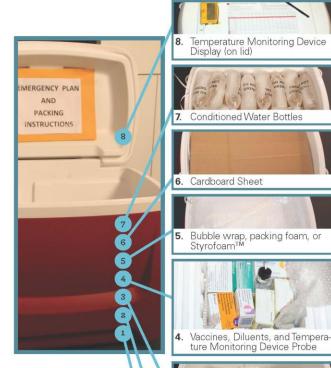
Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

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 $^{\text{m}}$ 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.





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 COVID-19 Vaccine Transport Tracking Form.pdf for Printed Item: 43 (Attachment 3 of 3)

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

·		nit on day of transport:	□ C° □ F	Time	placed in transport contai	ner: \(\square\) AM
Vaccine	Lot #	tional sheets if needed): Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments
						PIN

NYS COVID-19 Vaccine Program: Guidance for Vaccine Transport

December 2020

Page 4 of 4

Document ID: 0.7.1219.5160

From: Kanu, Anthony </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-kanu, anthony>

To:

Cc:

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

Anthony Iwe Kanu
Director of Pharmacy
NYC Health + Hospitals/ East New York
2094 Pitkin Ave.
Brooklyn, NY 11207
87 2 (b)

Document ID: 0.7.1219.5160-000001

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 respon (if different than medical director li	sible for receipt of COVID-19 vaccine sted above)	
ast name: Kamu	First name: Anthony	Middle initial:
87 2 (b) elephone numbe	Email: Kanua3@nychh	corg
Secondary point of contact for r	eceipt of COVID-19 vaccine	
ist name: John	First name: David	Middle initial:
elephone number 87 2 (b)	Email: david. John@n	ychheo org
OVID-19 vaccination organizat	ion redistribution agreement requirements	
redistribute COVID-19 vaccine, constituent	products, and ancillary supplies to secondary sites, this organize	ation agrees to:
Sign and comply with all conditions as ou	ıtlined in the CDC COVID-19 Vaccination Program Provider Agree	ment.
Ensure secondary locations receiving red conditions in the CDC COVID-19 Vaccinat	istributed COVID-19 vaccine, constituent products, or ancillary su ion Program Provider Agreement.	ipplies also sign and comply with all
Comply with vaccine manufacturer instruwhich will be updated to include specific locations.	ictions on cold chain management and CDC guidance in CDC's Vo Information related to COVID-19 vaccine, for any redistribution o	accine Storage and Handling Toolkit, of COVID-19 vaccine to secondary
requested, including dates and times of re	ds of COVID-19 vaccine redistribution to secondary sites to jurisd edistribution, sending and receiving locations, lot numbers, expl departments are responsible for any costs of redistribution or equipment to s	ration dates, and numbers of doses.
immunization program. I also certify on be and all the practitioners, nurses, and others agreement requirements listed above and to compliance with the terms of this Redistrible Program and criminal and civil penalties un related federal laws, 18 U.S.C. §§ 1001, 103		f authorized to administer vaccines, the COVID-19 vaccine redistribution ce with these requirements. Non- ne CDC COVID-19 Vaccination
Organization Medical Director (Last name: 87 2 (b) Signature	First name: Anthony Date: 1/11/205	Middle initial:
Chief Executive Officer (chief fi		
Last name: Lewis	First name: Michelle	Middle Initial; ${\cal B}$
87 2 (b) Signature:	Date: 1/11/20	021

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>

Filename: NYS_RedistributionGuidancE_01022021.pdf

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



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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. 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 <u>safe transport guidelines</u> 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	2 (b)	hone number Extension:	enter extension if applicable			
Ri	CEIVING FACILITY INFORMATION: Complete for ea	ach site receiving vaccine	from your inventory				
TO (Receiving Facility/Provider Location Name a	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	L USE ONLY VTrckS ID:	:	
	Unique COVID-	19 Organization ID (from Secti	ion A):	
Primary address and conta	act information of COVID-19 va	ccination organizatio	n	
Street address 1:		Street addres	ss 2:	
City:	County:	State:	: ZIP:	
7 2 (b)	87 2 (b) Fax:			
Responsible officers				
Medical Director (or Equivale	ent) Information			
Last name:	First name:		Middle	initial:
Title:	Licensure state:	Licensure numbe	er:	
7 2 (b)	Email:			
Street address 1:		Street addres	ss 2:	
City:	County:	State:	: ZIP:	
Chief Executive Officer (or Ch	nief Fiduciary) Information			
Last name:	First name:		Middle	initial:
Telephone number:	Email:			
Street address 1:		Street addres	ss 2:	
City:	County:	State:	: ZIP:	
	·			

NYS_RedistributionGuidancE_01022021.pdf for Printed Item: 47 (Attachment 2 of 2)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

	11.1		
(if different than medical direct	ponsible for receipt of COVID-19 vaccine or listed above)		
Last name:	First name:	Middle initial:	
(b)	Email:		
Secondary point of contact	for receipt of COVID-19 vaccine		
Secondary point of contact	or receipt of Covid-19 vaccine		
ast name:	First name:	Middle initial:	
(b)	Email:		
COVID 10 marination annual		4-	
	ization redistribution agreement requiremen		
	ituent products, and ancillary supplies to secondary sites, this o		
	as outlined in the CDC COVID-19 Vaccination Program Provide		
-	g redistributed COVID-19 vaccine, constituent products, or and cination Program Provider Agreement.	cillary supplies also sign and comply with al	
	instructions on cold chain management and CDC guidance in 0	CDC's Vaccine Storage and Handling Toolkit,	
• •	ecific information related to COVID-19 vaccine, for any redistrik	2	
locations.			
-	records of COVID-19 vaccine redistribution to secondary sites to section of redistribution, sending and receiving locations, lot numbe	· -	
	ealth departments are responsible for any costs of redistribution or equipi	-	
immunization program. I also certify and all the practitioners, nurses, and agreement requirements listed above compliance with the terms of this Red	s is an agreement between my Organization and CDC, impleme on behalf of myself, my medical practice, or other legal entity w others associated with this Organization that I have read and a e and understand my Organization and I are accountable for co listribution Agreement may result in suspension or termination ties under federal law, including but not limited to the False Cla 1, 1035, 1347, 1349.	vith staff authorized to administer vaccines, agree to the COVID-19 vaccine redistribution ampliance with these requirements. Non- from the CDC COVID-19 Vaccination	
Organization Medical Direc	tor (or equivalent)		
Last name:	First name:	Middle initial:	
Signature:	Date:		
Chief Executive Officer (chi	ef fiduciary role)		
Last name:	First name:	Middle initial:	
Signature: Date:			

09/29/20

 $^{^{1}\}textit{Requirements incorporated by reference; refer to} \underline{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}.$

Document ID: 0.7.1219.5226

From: Kanu, Anthony </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=00a65118efb644f896e22b34c6fe

9bcf-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=corpnychhc/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)

		viders must complete this				
Date of Transpor	t: 1/29/21	Name of Provider	Releasing Vaccine	NYC I	Health + Hospita	als/ENY PIN CV1062
Transport of the COV temperatures (2° to 8 Once Pfizer COVID-19 Temperature of	ID-19 vaccine in fr (P C) and cannot be (P vaccine is remove (Preleasing storage u	ozen state is not permi e re-frozen after transpo ed from ultra-cold stora	tted at any time. ort. age it must be us	COVID-1	9 vaccine may only 120 hours (5 days).	be transported at refrigerated
Vaccine	Lot #	Manufacturer	Expiration date	# of doses	Cold Chain Maintained (Y/N)	Comments
COVID-19	032L20A	MODERNA	2/28/2021	500	Υ	
Name of Provider Receiving Vaccine (or alternate storage location): Brooklyn Army Terminal Test and Trace PIN CV1114 Time arrived at receiving location: AM PM Temperature of transport container upon arrival: 3 C C F Maximum temperature reached during transport: C F F						/
Temperature of	<i>receiving</i> storage u	nit: 400 dC dF	Maximum te	emperatur	e reached during tran	sport: □ C° □ F°
NYS COVID-19 Vaccing	e Program: Guidance	for Vaccine Transport	December 202	:0	Page 4 of 4	

Document ID: 0.7.1219.5229

From: Lacayo, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=lacayoc.nychhc.org>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Jimenez, Jonathan

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c336496 1c58-jimenez, jona>; Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6 cda3-keeley, chris>; Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0 d29a-huang, alan>; Dibari, Danielle </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b24

7006-dibari, danie>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-than, min>

Bcc:

Subject: RE: (SXK) --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)

Date: Fri Feb 12 2021 13:52:57 EST

Attachments: image001.png

image004.jpg

872 (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: 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: (SXK) --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)

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).





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: SXK --- Emergency Transfer from Brooklyn Army Terminal (Part 2 of 2)

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: 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

Jonathan Jimenez, MD, MPH Medical Director, Test & Trace Corps

Cell: 87 2 (b)

Visit www.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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

NYCimage001.png for Printed Item: 5 HEALTH Attachment 1 of 2) HOSPITALS Corps

Document ID: 0.7.1219.5229-000002

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org> Filename: image004.jpg

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

Document ID: 0.7.1219.5225

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>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=a7b7803fec53444faf6896be1130

4272-goldenberg, s>; Jimenez, Jonathan

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c336496 1c58-jimenez, jona>; Muccino, Paul </o=corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=9595690f51da44899d18d48ea9d1 4459-muccino, paul>; Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0 d29a-huang, alan>; Kwong, Jeffrey </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0 a2b9-kwong, jeffre>; Suri, Tarun </o=corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624

ea85-suri, tarun>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-than, min>; Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

Bcc:

Subject: RE: (SXK) 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

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: (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: (SXK) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx





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: (SXK) 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)

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: (SXK) 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

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



Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

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



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.

FROM BAT TO HARLEM Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 55 (Attachment 1 of 6)



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 CO	Releasing Provider COVID PIN #: Da		Date of Submission: xx/xx/xx	
Facility Contact Name and email: enter here		87 2 (b) enter	phone numb	er Extension:	enter if applicable	
RECEIVING	FACILITY INFORMATION: Complete on	e ving v	accine from	your invento	ry	
		Receiving Provider COVID PIN #		cturer and 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		
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.	
			Check if 2 nd	Doses 🗌		
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.	
			Check if 2 nd	Doses		
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in	n accordance with state guideli	nes):			

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:

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 Organiza	ition ID (from Section A):				
Primary address and cont	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 Equival	ent) Information						
Last name:		First name:		Middle initial:			
Title:	Li	censure state:	Licensure number:				
87 2 (b)		Email:					
Street address 1:			Street address 2:				
City:	County:		State:	ZIP:			
Chief Executive Officer (or C	hief Fiduciary) Inform	ation					
Last name:		First name:		Middle initial:			
7 2 (b)		Email:					
Street address 1:			Street address 2:				
City:	County:		State:	ZIP:			

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respons (if different than medical director list	ible for receipt of COVID-19 vaccine ted above)					
Last name:	First name:	Middle initial:				
7 2 (b)	Email:					
Secondary point of contact for re	ceipt of COVID-19 vaccine					
Last name:	First name:	Middle initial:				
7 2 (b)	Email:					
COVID-19 vaccination organizati	on redistribution agreement requiren	nents				
To redistribute COVID-19 vaccine, constituent p	products, and ancillary supplies to secondary sites, t	this organization agrees to:				
1. Sign and comply with all conditions as out	lined in the CDC COVID-19 Vaccination Program Pro	ovider 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.					
	tions on cold chain management and CDC guidanc nformation related to COVID-19 vaccine, for any red					
requested, including dates and times of rec	s of COVID-19 vaccine redistribution to secondary s distribution, sending and receiving locations, lot nu epartments are responsible for any costs of redistribution or e	imbers, expiration dates, and numbers of doses.				
immunization program. I also certify on beh and all the practitioners, nurses, and others agreement requirements listed above and u compliance with the terms of this Redistribu Program and criminal and civil penalties un related federal laws, 18 U.S.C. §§ 1001, 1035		tity with staff authorized to administer vaccines, and agree to the COVID-19 vaccine redistribution for compliance with these requirements. Non-ation from the CDC COVID-19 Vaccination				
Organization Medical Director (or equivalent)					
Last name:	First name:	Middle initial:				
Signature:	Date:					
Chief Executive Officer (chief fid	uciary role)					
Last name:	First name:	Middle initial:				

Date:

09/29/20

Signature:

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \,\underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

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



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?

Governor

- 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 reallocation, 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.

FROM BAT TO JACOBI Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 55 (Attachment 2 of 6)



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 Suk		mission: xx/xx/xx		
Facility Contact Name and email: enter here		87 2	(b) : enter	phone numb	er Extension:	enter if applicable
RECEIVING	FACILITY INFORMATION: Complete one	row f	or each site receiving v	accine from	your invento	ry
			Receiving Provider COVID PIN #		cturer and 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	
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.
				Check if 2 nd	Doses 🗌	
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.
				Check if 2 nd	Doses 🗌	
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in a	accord	lance with state guidel	ines):		

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:

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 Organiza	tion ID (from Section A):	
Primary address and contact	information of (COVID-19 vaccination	organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivalent) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Chie	f Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
,	,			

FROM BAT TO JACOBI Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf for Printed Item: 55 (Attachment 2 of 6)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact re (if different than medical dire	esponsible for receipt of COVID-19 vaccine octor listed above)	
Last name:	First name:	Middle initial:
2 (b)	Email:	
Secondary point of contac	t for receipt of COVID-19 vaccine	
Last name:	First name:	Middle initial:
2 (b)	Email:	
COVID-19 vaccination orga	anization redistribution agreement requirement	:S
To redistribute COVID-19 vaccine, con	stituent products, and ancillary supplies to secondary sites, this or	ganization agrees to:
1. Sign and comply with all condition	ns as outlined in the CDC COVID-19 Vaccination Program Provider	Agreement.
•	ring redistributed COVID-19 vaccine, constituent products, or anci /accination Program Provider Agreement.	llary supplies also sign and comply with all
	er instructions on cold chain management and CDC guidance in C specific information related to COVID-19 vaccine, for any redistrib	
requested, including dates and tir	y rrecords of COVID-19 vaccine redistribution to secondary sites to mes of redistribution, sending and receiving locations, lot number al health departments are responsible for any costs of redistribution or equipm	s, expiration dates, and numbers of doses.
immunization program. I also certi and all the practitioners, nurses, an agreement requirements listed abo compliance with the terms of this R Program and criminal and civil pen related federal laws, 18 U.S.C. §§ 10		th staff authorized to administer vaccines, pree to the COVID-19 vaccine redistribution in pliance with these requirements. Non-from the CDC COVID-19 Vaccination
Organization Medical Dire	ector (or equivalent)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (cl	hief fiduciary role)	
Last name:	First name:	Middle initial:
Signature:	Date:	

09/29/20

 $^{^{1}\}textit{Requirements incorporated by reference; refer to} \underline{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}.$

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

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



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.

FROM BAT TO METRO Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 55 (Attachment 3 of 6)



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 CC	Releasing Provider COVID PIN #:		Date of Submission: xx/xx/xx	
Facility Contact Name and email: enter here	87 2 (b) *: enter	phone numb	er Extension:	enter if applicable	
RECEIVING FACILITY INFORMATION: Complete on	e row for each site receiving v	accine from	your invento	ry	
	Receiving Provider COVID PIN #		cturer and 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 🗌		
Receiving Facility Location Name and Address (including County) Contact Name and Email				Click or tap to enter a date.	
		Check if 2 nd	Doses 🗌		
Receiving Facility Location Name and Address (including County) Contact Name and Email				Click or tap to enter a date.	
		Check if 2 nd	Doses 🗌		
Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in	n accordance with state guideli	nes):			

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:

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:	
		<u>Unique COVID-19 Organizat</u>	tion ID (from Section A):	
Primary address and cont	act information of (COVID-19 vaccination	organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
7 2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivale	ent) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
37 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or C	hief Fiduciary) Inform	ation		
Last name: 7 2 (b)		First name:		Middle initial:
7 2 (0)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:

FROM BAT TO METRO Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf for Printed Item: 55 (Attachment 3 of 6)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

ast name:	First name:	Middle initial:
(b)	- "	
	Email:	
Secondary point of contact	t for receipt of COVID-19 vaccine	
ast name:	First name:	Middle initial:
(b)	This name.	Widdle IIItidi.
(-)	Email:	
COVID-19 vaccination orga	nization redistribution agreement requireme	ents
	stituent products, and ancillary supplies to secondary sites, thi	
	ns as outlined in the CDC COVID-19 Vaccination Program Provi	
	ing redistributed COVID-19 vaccine, constituent products, or a accination Program Provider Agreement.	ncillary supplies also sign and comply with
	er instructions on cold chain management and CDC guidance is pecific information related to COVID-19 vaccine, for any redist	=
requested, including dates and tin	rrecords of COVID-19 vaccine redistribution to secondary sitences of redistribution, sending and receiving locations, lot number	
Neither CDC nor state, local, or territoria	l health departments are responsible for any costs of redistribution or equ	ipment to support redistribution efforts.
	· · · · · · · · · · · · · · · · · · ·	
By signing this form, I understand the immunization program. I also certificand all the practitioners, nurses, and agreement requirements listed about compliance with the terms of this Re	his is an agreement between my Organization and CDC, impler by on behalf of myself, my medical practice, or other legal entity d others associated with this Organization that I have read and we and understand my Organization and I are accountable for edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False O	mented and maintained by my jurisdiction's with staff authorized to administer vaccine d agree to the COVID-19 vaccine redistributi compliance with these requirements. Non- on from the CDC COVID-19 Vaccination
By signing this form, I understand the immunization program. I also certificand all the practitioners, nurses, and agreement requirements listed about compliance with the terms of this Reference and criminal and civil pen	his is an agreement between my Organization and CDC, impler by on behalf of myself, my medical practice, or other legal entity of others associated with this Organization that I have read and we and understand my Organization and I are accountable for edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False C 101, 1035, 1347, 1349.	mented and maintained by my jurisdiction's with staff authorized to administer vaccine d agree to the COVID-19 vaccine redistributi compliance with these requirements. Non- on from the CDC COVID-19 Vaccination
By signing this form, I understand the immunization program. I also certificand all the practitioners, nurses, an agreement requirements listed about compliance with the terms of this Reference of the program and criminal and civil peneral ted federal laws, 18 U.S.C. §§ 10	his is an agreement between my Organization and CDC, impler by on behalf of myself, my medical practice, or other legal entity of others associated with this Organization that I have read and we and understand my Organization and I are accountable for edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False C 101, 1035, 1347, 1349.	mented and maintained by my jurisdiction's with staff authorized to administer vaccine d agree to the COVID-19 vaccine redistributi compliance with these requirements. Non- on from the CDC COVID-19 Vaccination
By signing this form, I understand the immunization program. I also certificand all the practitioners, nurses, and agreement requirements listed about compliance with the terms of this Reference and criminal and civil penaleted federal laws, 18 U.S.C. §§ 10 Organization Medical Directant Last name:	his is an agreement between my Organization and CDC, impler by on behalf of myself, my medical practice, or other legal entity of others associated with this Organization that I have read and we and understand my Organization and I are accountable for edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False CO 101, 1035, 1347, 1349. Ector (or equivalent) First name:	mented and maintained by my jurisdiction's with staff authorized to administer vaccine agree to the COVID-19 vaccine redistributicompliance with these requirements. Non-on from the CDC COVID-19 Vaccination Claims Act, 31 U.S.C. § 3729 et seq., and othe
By signing this form, I understand the immunization program. I also certificand all the practitioners, nurses, and agreement requirements listed about compliance with the terms of this Reprogram and criminal and civil penalelated federal laws, 18 U.S.C. §§ 100 Organization Medical Directions	his is an agreement between my Organization and CDC, impler by on behalf of myself, my medical practice, or other legal entity of others associated with this Organization that I have read and we and understand my Organization and I are accountable for edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False Co 101, 1035, 1347, 1349. Ector (or equivalent) First name:	mented and maintained by my jurisdiction's with staff authorized to administer vaccine dagree to the COVID-19 vaccine redistribution compliance with these requirements. Non- from the CDC COVID-19 Vaccination Claims Act, 31 U.S.C. § 3729 et seq., and other
By signing this form, I understand the immunization program. I also certificand all the practitioners, nurses, and agreement requirements listed about compliance with the terms of this Reprogram and criminal and civil penaleted federal laws, 18 U.S.C. §§ 10 Organization Medical Directant Last name:	his is an agreement between my Organization and CDC, impler by on behalf of myself, my medical practice, or other legal entity of others associated with this Organization that I have read and we and understand my Organization and I are accountable for edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False Co 101, 1035, 1347, 1349. Ector (or equivalent) First name:	mented and maintained by my jurisdiction's with staff authorized to administer vaccine agree to the COVID-19 vaccine redistributicompliance with these requirements. Non-on from the CDC COVID-19 Vaccination Claims Act, 31 U.S.C. § 3729 et seq., and othe

Date:

09/29/20

Signature:

 $^{{}^{\}scriptscriptstyle T}\textit{Requirements incorporated by reference; refer to} \, \underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org> Filename: image001.png

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org> Filename: image004.png

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org> Filename: image005.jpg

Document ID: 0.7.1219.5387

From: Cook, Andrew </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b5

48b2-cook, andrew>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Watkins, Jacob

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=c6fd19a8853a454c9f28f562b713 f681-watkins, jaco>; Suri, Tarun </o>

administrative group

(fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624

ea85-suri, tarun>; Fiebert, Lee </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039

5085-fiebert, lee>; health.sm.CovidVaccineHospitals

<covidvaccinehospitals@health.ny.gov>

Bcc:

Subject: Re: (DVC) RRT-Ambulnz to NYC H+H/Gotham Health East New York &

Vanderbilt - Moderna 510 Total - 3/10/21

Date: Wed Mar 10 2021 16:05:15 EST

Attachments: image001.png

Redistribution Guidance 1.23.21 New Form_RRT_to_Gotham_030921_Signed.

pdf

87 2 (b)

From: Cook, Andrew

Sent: Wednesday, March 10, 2021 3:56 PM To: DOH.sm.CovidVaccineRedistribution

Cc: Watkins, Jacob; Suri, Tarun; Fiebert, Lee; health.sm.CovidVaccineHospitals

Subject: RE: (DVC) RRT-Ambulnz to NYC H+H/Gotham Health East New York & Vanderbilt -

Moderna 510 Total - 3/10/21

87 2 (b)



From: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov> Sent: Wednesday, March 10, 2021 3:35 PM

To: Cook, Andrew <cooka4@nychhc.org>

Cc: Watkins, Jacob <watkinsj3@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Fiebert, Lee <fiebertl@nychhc.org>; health.sm.CovidVaccineHospitals <CovidVaccineHospitals@health.ny.gov>

Subject: (DVC) RRT-Ambulnz to NYC H+H/Gotham Health East New York & Vanderbilt - Moderna 510 Total - 3/10/21

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)

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

From: Cook, Andrew <cooka4@nychhc.org> Sent: Wednesday, March 10, 2021 3:10 PM

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov> Cc: Watkins, Jacob <watkinsj3@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Fiebert, Lee <fiebertl@nychhc.org>

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

Hospitals/Gotham Health

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.



Andy Cook, MHA

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

NYC Health + Hospitals

E: cooka4@nychhc.org

M: 87 2 (b)

http://secure-web.cisco.

com/1D6watZVnXha5_Hu2jV4RUzN8DXZQUSg_o4YmFRCvhaxIvTCxeRr-araSkZkchH3ADanmLMyjEmB94OZtX3gBZkzLGLJqnvtFrpkteYRG1q9A8feBJdLMpMP1u549 E4lOazkgThlltqWFMH2_XabGaP_esCuorfR5Cg1LAGM_nVKO80bBddv0PkkauSojB1feC4pBH SSnjPG6jKFUza__HSSgnm7p0o9JCilJ1J5vcLo/http%3A%2F%2Fwww.testandtrace.nyc

Pronouns: he, his, him

Visit www.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.



Document ID: 0.7.1219.5387-000001

Owner: Cook, Andrew </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b548b2-cook, andrew>

Filename: image001.png

Last Modified: Wed Mar 10 16:05:15 EST 2021

Document ID: 0.7.1219.5387-000002

Owner: Cook, Andrew </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b548b2-cook, andrew>

Filename: Redistribution Guidance 1.23.21 New Form_RRT_to_Gotham_030921_Signed.pdf

Last Modified: Wed Mar 10 16:05:15 EST 2021



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 reallocation, 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.

Redistribution Guidance 1.23.21 New Form RRT to Gotham 030921 Signed.pdf for Printed Item: 62 (Attachment 2 of 2)



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 CO	IVID PIN #· Date of Su	bmission: xx/xx/xx
Releasing Facility Location Name and Address (including Country).	Releasing Frovider Co	Date of Su	biiii33i0ii.
Facility Contact Name and email: enter here	7 2 (b) #: enter	phone number Extension	n: enter if applicable
,			
RECEIVING FACILITY INFORMATION: Complete one row	w for each site receiving v	accine from your invent	ory
	Receiving Provider	Manufacturer and	Target date of
	COVID PIN #	# of Doses	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	
Receiving Facility Location Name and Address (including County) Contact Name and Email			Click or tap to
			enter a date.
		Check if 2 nd Doses	
Receiving Facility Location Name and Address (including County) Contact Name and Email			Click or tap to
			enter a date.
		Check if 2 nd Doses	
Justification (explain in detail the reason for re-distribution and the target population to be vaccinated in according	ordance with state guideli	ines):	

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:

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 ONL	Y VTrckS ID:	
		Unique COVID-19 Organiz	ation ID (from Section A):	
Primary address and contac	t information of (COVID-19 vaccinatio	n organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Telephone:	Fax:			
Responsible officers				
Medical Director (or Equivalen	t) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Chie	ef Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
City:	County:		State:	ZIP:

Redistribution Guidance 1.23.21 New Form_RRT_to_Gotham_030921_Signed.pdf for Printed Item: 62 (Attachment 2 of 2)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respo (if different than medical director)	nsible for receipt of COVID-19 vaccine isted above)						
Last name:	First name:	Middle initial:					
2 (b)	Email:						
Secondary point of contact for	receipt of COVID-19 vaccine						
Last name:	First name:	Middle initial:					
Telephone number:	Email:						
COVID-19 vaccination organiza	tion redistribution agreement requirem	ents					
To redistribute COVID-19 vaccine, constitue	nt products, and ancillary supplies to secondary sites, th	is organization agrees to:					
1. Sign and comply with all conditions as o	outlined in the CDC COVID-19 Vaccination Program Prov	rider 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.						
- ·	ructions on cold chain management and CDC guidance c information related to COVID-19 vaccine, for any redis						
requested, including dates and times of	ords of COVID-19 vaccine redistribution to secondary site redistribution, sending and receiving locations, lot num in departments are responsible for any costs of redistribution or equ	nbers, expiration dates, and numbers of doses.					
immunization program. I also certify on b and all the practitioners, nurses, and othe agreement requirements listed above and compliance with the terms of this Redistri	on agreement between my Organization and CDC, imple sehalf of myself, my medical practice, or other legal entit ers associated with this Organization that I have read an d understand my Organization and I are accountable for bution Agreement may result in suspension or terminati under federal law, including but not limited to the False 135, 1347, 1349.	ty with staff authorized to administer vaccines, and agree to the COVID-19 vaccine redistribution r compliance with these requirements. Non-ion from the CDC COVID-19 Vaccination					
Organization Medical Director	(or equivalent)						
Last name:	First name:	Middle initial:					
Signature: Med Med	Date:						
Chief Executive Officer (chief t	iduciary role)						
Last name:	First name:	Middle initial:					
and a la	9						

09/29/20

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \,\underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Document ID: 0.7.1219.5386

From: Cook, Andrew </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b5

48b2-cook, andrew>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Watkins, Jacob

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=c6fd19a8853a454c9f28f562b713 f681-watkins, jaco>; Suri, Tarun </o>

administrative group

(fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624

ea85-suri, tarun>; Fiebert, Lee </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039

5085-fiebert, lee>; health.sm.CovidVaccineHospitals

<covidvaccinehospitals@health.ny.gov>

Bcc:

Subject: RE: (DVC) RRT-Ambulnz to NYC H+H/Gotham Health East New York &

Vanderbilt - Moderna 510 Total - 3/10/21

Date: Wed Mar 10 2021 15:56:34 EST

Attachments: image001.png

87 2 (b)



From: DOH.sm.CovidVaccineRedistribution < CovidVaccineRedistribution@health.ny.gov>

Sent: Wednesday, March 10, 2021 3:35 PM To: Cook, Andrew <cooka4@nychhc.org>

Cc: Watkins, Jacob <watkinsj3@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Fiebert, Lee <fiebertl@nychhc.org>; health.sm.CovidVaccineHospitals <CovidVaccineHospitals@health.ny.gov>

Subject: (DVC) RRT-Ambulnz to NYC H+H/Gotham Health East New York & Vanderbilt - Moderna 510 Total - 3/10/21

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)

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

From: Cook, Andrew <cooka4@nychhc.org> Sent: Wednesday, March 10, 2021 3:10 PM

To: DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov> Cc: Watkins, Jacob <watkinsj3@nychhc.org>; Suri, Tarun <surit@nychhc.org>; Fiebert, Lee <fiebertl@nychhc.org>

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

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.





Andy Cook, MHA

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

NYC Health + Hospitals E: cooka4@nychhc.org

M: 87 2 (b)

http://secure-web.cisco.

com/1D6watZVnXha5_Hu2jV4RUzN8DXZQUSg_o4YmFRCvhaxIvTCxeRr-araSkZkchH3ADanmLMyjEmB94OZtX3gBZkzLGLJqnvtFrpkteYRG1q9A8feBJdLMpMP1u549 E4lOazkgThlltqWFMH2_XabGaP_esCuorfR5Cg1LAGM_nVKO80bBddv0PkkauSojB1feC4pBH SSnjPG6jKFUza__HSSgnm7p0o9JCilJ1J5vcLo/http%3A%2F%2Fwww.testandtrace.nyc

Pronouns: he, his, him

Visit www.nychealthandhospitals.org

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

Document ID: 0.7.1219.5386-000001

Owner: Cook, Andrew </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b548b2-cook, andrew>

Filename: image001.png

Last Modified: Wed Mar 10 15:56:34 EST 2021

NY image001.png for Printed Item: 65 (Test & Trace HOSPITALS Corps

Document ID: 0.7.1219.5385

From: Cook, Andrew </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b5

48b2-cook, andrew>

To:

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

Cc: Watkins, Jacob

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=c6fd19a8853a454c9f28f562b713 f681-watkins, jaco>; Suri, Tarun </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624

ea85-suri, tarun>; Fiebert, Lee </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039

5085-fiebert. lee>

Bcc:

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

Hospitals/Gotham Health

Date: Wed Mar 10 2021 15:10:00 EST

Attachments: image001.png

Redistribution Guidance 1.23.21 New Form_RRT_to_Gotham_030921_SignedByRRT.pdf

87 2 (b)

Andy Cook, MHA

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

NYC Health + Hospitals E: cooka4@nychhc.org

M: 87 2 (b)

www.testandtrace.nyc

Pronouns: he, his, him		

Document ID: 0.7.1219.5385-000001

Owner: Cook, Andrew </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b548b2-cook, andrew>

Filename: image001.png

Last Modified: Wed Mar 10 15:10:00 EST 2021

Document ID: 0.7.1219.5385-000002

Owner: Cook, Andrew </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=2e413ff63e2f47b0b8b76b4ca2b548b2-cook, andrew>

Filename: Redistribution Guidance 1.23.21 New Form_RRT_to_Gotham_030921_SignedByRRT.pdf Last Modified: Wed Mar 10 15:10:00 EST 2021



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?

Governor

- 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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.

Redistribution Guidance 1.23.21 New Form RRT to Gotham 030921 SignedByRRT.pdf for Printed Item: 67 (Attachment 2 of 2)



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 CC	VID PIN #:	Date of Sub	mission: xx/xx/xx
Facility Contact Name and email: enter here	8	37 2 (b)	: enter	phone numb	er Extension :	enter if applicable
RECEIVING	FACILITY INFORMATION: Complete one	e row fo	r each site receiving v	accine from	your invento	ory
			Receiving Provider COVID PIN #		cturer and 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	
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.
				Check if 2 nd	Doses 🗌	
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.
				Check if 2 nd	Doses 🗌	
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in	accorda	ance with state guidel	ines):		

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:



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 ONL	Y VTrckS ID:	
		Unique COVID-19 Organiz	ation ID (from Section A):	
Primary address and conta	act information of (COVID-19 vaccinatio	n organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Telephone:	Fax:			
Responsible officers				
Medical Director (or Equivale	nt) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Ch	ief Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:

Redistribution Guidance 1.23.21 New Form_RRT_to_Gotham_030921_SignedByRRT.pdf for Printed Item: 67 (Attachment 2 of 2)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact re (if different than medical dire	esponsible for receipt of COVID-19 vaccine octor listed above)	
Last name:	First name:	Middle initial:
(b)		
	Email:	
Secondary point of contac	t for receipt of COVID-19 vaccine	
Last name:	First name:	Middle initial:
Telephone number:	Email:	
COVID-19 vaccination orga	anization redistribution agreement requiremen	ts
To redistribute COVID-19 vaccine, con	stituent products, and ancillary supplies to secondary sites, this c	organization agrees to:
1. Sign and comply with all condition	ns as outlined in the CDC COVID-19 Vaccination Program Provide	er Agreement.
-	ring redistributed COVID-19 vaccine, constituent products, or and /accination Program Provider Agreement.	cillary supplies also sign and comply with all
	er instructions on cold chain management and CDC guidance in specific information related to COVID-19 vaccine, for any redistrib	= = = = = = = = = = = = = = = = = = = =
requested, including dates and tir	y rrecords of COVID-19 vaccine redistribution to secondary sites mes of redistribution, sending and receiving locations, lot numberal health departments are responsible for any costs of redistribution or equipage.	ers, expiration dates, and numbers of doses.
immunization program. I also certi and all the practitioners, nurses, an agreement requirements listed abo compliance with the terms of this R	this is an agreement between my Organization and CDC, implement fy on behalf of myself, my medical practice, or other legal entity was do thers associated with this Organization that I have read and a love and understand my Organization and I are accountable for contedistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False Classon, 1347, 1349.	vith staff authorized to administer vaccines, agree to the COVID-19 vaccine redistribution ampliance with these requirements. Non-from the CDC COVID-19 Vaccination
Organization Medical Dire	ector (or equivalent)	
Last name:	First name:	Middle initial:
Signature: WeL W	Date:	
Chief Executive Officer (c	hief fiduciary role)	
Last name:	First name:	Middle initial:
10		

09/29/20

Signature:

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \,\underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Document ID: 0.7.1219.5216

From: Lacayo, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=lacayoc.nychhc.org>

To: Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0 d29a-huang, alan>; Dibari, Danielle </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b24

7006-dibari, danie>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-than, min>; CovidVaccineRedistribution@health.ny.gov

<covidvaccineredistribution@health.ny.gov>

Cc: Jimenez, Jonathan

(fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c336496 1c58-jimenez, jona>; Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

Bcc:

Subject: RE: SXK --- 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@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

Jonathan Jimenez, MD, MPH Medi<u>cal Director, T</u>est & Trace Corps

Cell: 87 2 (b)

Document ID: 0.7.1219.5216-000001

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Bellevue 1.14.2021.pdf Last Modified: Fri Feb 12 12:30:09 EST 2021





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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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 ONL	Y VTrckS ID:		e de la constitución de la const
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ation ID (from Section	A):	
Primary address and contact info	rmation o	of COVID-19 vaccinatio	n organization		
Street address 1: 140 58th Street			Street address 2	2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11220
87 2 (b) Telephor	Fax:		The state of the s		
Responsible officers		Strange Development	The second secon		· · · · · · · · · · · · · · · · · · ·
Medical Director (or Equivalent) Info	rmation				
_{Last name:} Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number:	300198	
Telephone 87 2 (b)		Email: Jonathan.Jim	enez@nychhc.o	rg	
Street address 1: 55 Water St			Street address	_{2:} 26 fl	oor
_{City:} New York	County:	New York	State:	NY	ZIP: 10041
Chief Executive Officer (or Chief Fidu	ciary) Info	rmation			
Last name: McLeod		First name: Sheldon			Middle initial:
Telephone number: 87 2 (b)		_{Email:} Sheldon.McI	Leod@nychhc.o	rg	
Street address 1: 451 Clarkson Ave			Street address	2:	
City: New York	County	Brooklyn	State	NY	_{7IP} . 11203

Primary point (if different that	t of contact In medical dir	responsible for re ector listed above)	ceipt of COV	ID-19 vacci	ne		1) [2] [2]
	Morg	an	First name:	BRVR	rly	Middle initial:	
Telephone number:	87 2 (b)		Email:	Beverly	y. more	an @nychhc.c) (
Secondary po	int of conta	ct for receipt of Co	OVID-19 vac	cine			
Last name:	Ortiz		First name:	Ped	ro	Middle initial:	marka est de se
Telephone number:	87 2 (b)		Email: $ ho$	edro.	ortizi	@nychhc.org	
COVID-19 vac	cination org	anization redistri					
To redistribute COVI	D-19 vaccine, co	nstituent products, and	ancillary supplies	to secondary s	ites, this organizat	ion agrees to:	و و المناطق ال
1. Sign and comply	with all condition	ons as outlined in the Co	OC COVID-19 Vaco	ination Program	n Provider Agreem	nent.	allerine per perio
	•	ving redistributed COVII Vaccination Program Pro	•	•	cts, or ancillary sup	plies also sign and comply with all	and Allertan
						ccine Storage and Handling Toolkit, COVID-19 vaccine to secondary	
requested, include	ding dates and ti	•	ending and receiv	ing locations, lo	ot numbers, expira	tion's immunization program as tion dates, and numbers of doses. oport redistribution efforts.	productive state.
immunization pro and all the practiti agreement require compliance with the Program and crimi	gram. I also cert ioners, nurses, ar ments listed abo he terms of this R inal and civil per	fy on behalf of myself, n nd others associated wit ove and understand my l edistribution Agreemen	ny medical praction h this Organization Organization and ht may result in su	ce, or other lega on that I have re I I are accountai spension or teri	l entity with staff of ad and agree to the ble for compliance mination from the	maintained by my jurisdiction's authorized to administer vaccines, ne COVID-19 vaccine redistribution with these requirements. Non- CDC COVID-19 Vaccination 11 U.S.C. § 3729 et seq., and other	
Organization	Medical Dir	ector (or equivale	ent)				
Last name: \(\int \)	nenez	nome a communitar a substituta portanta principa por la contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata del la contrata de la contrata del la contrata del la contrata del la contrata del la contrat	First name:	Jonate	iah	Middle initial:	
Signature:	2 (b)			Date:	1/14/21		
Chief Executiv	e Officer (cl	nief fidusiary role	No. 24 Per	导为经验的			
Last name:	(CLEO)		First name:	SHEL	nod	Middle initial:	
87 2 Signature:	(0)			Date:	111412	1	
Requirements incorporat	ed by reference; rei	er to www.cdc.gov/vaccine	s/hcp/admin/stora	ige-handling.htm	d.		



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 INFORMATIO							
Releasing Facility Location Name and Address, Includin Brooklyn Army Terminal Test and Trace 140 58th Street, B	COVID Pin #: enter pin # here CV1114							
Facility Contact Name: enter here Chris Keeley	,	Date of submission: xx, 01/14/21	/xx/xx					
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 ea	ach site receiving vaccine	e from your inventory					
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Bellevue 462 First Avenue No		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)	Į. g		-:0	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=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Coney Island 1.14.2021.pdf Last Modified: Fri Feb 12 12:30:09 EST 2021





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?

ANDREW M. CUOMO

Governor

- 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 reallocation, 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.



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 ON	Y VTrckS ID:		
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ation ID (from Section	n A):	
Primary address and contact info	rmation	of COVID-19 vaccination	on organization	10.5	
Street address 1: 140 58th Street			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	_{ZIP:} 11220
87 2 (b)	Fax:				Action of the second of the se
Responsible officers					
Medical Director (or Equivalent) Info	rmation				
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number:	300198	
87 2 (b) Telephone		_{Email:} Jonathan.Jim	enez@nychhc.o	org	, K
Street address 1: 55 Water St			Street address	2: 26 f	loor
City: New York	County:	New York	State:	NY	ZIP: 10041
Chief Executive Officer (or Chief Fidu	ciary) Info	rmation		in the same	
Last name: McLeod		First name: Sheldon			Middle initial:
87 2 (b) Telephone number:		Email: Sheldon.McI	Leod@nychhc.o	rg	
Street address 1: 451 Clarkson Ave			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11203

(if different than medical director listed above		
Last name: HAIKO	First name: YUIVa	Middle initial:
Telephone number:	mail: halkoy@y	nychhe.org
Secondary point of contact for receipt of	COVID-19 vaccine	
Last name: NISTICO	First name: Anthony	Middle initial:
87 2 (b) Telephone number:	The state of the s	stico @nychhe
COVID-19 vaccination organization redist		
To redistribute COVID-19 vaccine, constituent products, an	d ancillary supplies to secondary sites, this organi	zation agrees to:
1. Sign and comply with all conditions as outlined in the	CDC COVID-19 Vaccination Program Provider Agre	ement.
Ensure secondary locations receiving redistributed CO conditions in the CDC COVID-19 Vaccination Program I	•	supplies also sign and comply with all
 Comply with vaccine manufacturer Instructions on col which will be updated to include specific information r locations. 	-	-
 Document and make available any rrecords of COVID- requested, including dates and times of redistribution, Neither CDC nor state, local, or territorial health departments are 	sending and receiving locations, lot numbers, exp	iration dates, and numbers of doses.
By signing this form, I understand this is an agreement b immunization program. I also certify on behalf of myself and all the practitioners, nurses, and others associated w agreement requirements listed above and understand m compliance with the terms of this Redistribution Agreem Program and criminal and civil penalties under federal ic related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	f, my medical practice, or other legal entity with sta with this Organization that I have read and agree to by Organization and I are accountable for complian ent may result in suspension or termination from t nw, including but not limited to the False Claims Ac	off authorized to administer vaccines, the COVID-19 vaccine redistribution nce with these requirements. Non- the CDC COVID-19 Vaccination
Organization Medical Director (or equiva	lent)	
Last name: Timerez	First name: Tonathan	Middle initial:
87 2 (b) Signature:	Date: ((14/21	
Chief Executive Officer (chief fiduciary ro	le)	
Last name: Mc CE S	First name: SHEUOW	MIddle initial:
87 2 (b) Signature:	Date: 11141>	The Control of the Co
	Date. 7 T	

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



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.

	ed and must rollow <u>sale transport guidelines</u> for cold								
	RELEASING FACILITY INFORMATIO	N							
Releasing Facility Location Name and Address, Including Brooklyn Army Terminal Test and Trace 140 58th Street, Br	•	COVID Pin #: enter pin a CV1114	# here						
Facility Contact Name: enter here Chris Keeley		Date of submission: xx/ 01/14/21	/xx/xx						
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)								
R	ECEIVING FACILITY INFORMATION: Complete for ea	ach site receiving vaccine	e from your inventory						
TO (Receiving Facility/Provider Location Name : NYC Health + Hospitals/Coney Island 2601 Ocean Part	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)	ASSOCIATIONS AND ASSOCIATION OF THE PROPERTY O			Click or tap to enter a date.					
Justification (explain in detail the reason for re-distribution	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: Chr

Chris Keeley

Date: 4

1/14/2021

Document ID: 0.7.1219.5216-000003

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Elmhurst 1.14.21.pdf
Last Modified: Fri Feb 12 12:30:09 EST 2021





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?

Governor

- 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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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	437 14 16 1				
Organization/facility name:		FOR OFFICIAL USE ONL	Y VTrckS ID:		
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ation ID (from Sectio	n A):	
Primary address and contact info	ormation o	f COVID-19 vaccinatio	n organizatior		pana sa a a gang pana a sa a a a a a a a a a a a a a a a a
Street address 1: 140 58th Street			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	_{ZIP:} 11220
87 2 (b) Telephone	Fax:				
Responsible officers				All S	
Medical Director (or Equivalent) Info	rmation				
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number	30019	8
87 2 (b) Telephone		_{Email:} Jonathan.Jim	enez@nychhc.o	org	The second secon
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 Fidu	ıciary) Infor	mation			
Last name: McLeod 87 2 (b)		First name: Sheldon			Middle initial:
Telephone number:		_{Email:} Sheldon.McL	.eod@nychhc.c	rg	
Street address 1: 451 Clarkson Ave			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	_{7IP:} 11203

Primary point of contact responsible for rece (if different than medical director listed above)	ipt of COVI	D-19 vaccine			
Last name: BQV b Q V	First name:	Peter		Middle initial:	
87 2 (b) Telephone numbe	Email:	barberp@	D nych	nc.or	2)
Secondary point of contact for receipt of COV		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
Last name: COV † 2 7	First name:	Theres	The state of the s	Middle initial:	
Telephone number	Email: (Cortezti	@nyc	hhc.o	9
COVID-19 vaccination organization redistrib	ution agree	ment requiremen	:s		
To redistribute COVID-19 vaccine, constituent products, and an	cillary supplies	to secondary sites, this o	rganization agre	es to:	to to July development was placed a settle of the little
1. Sign and comply with all conditions as outlined in the CDC	COVID-19 Vacc	ination Program Provider	Agreement.	de una un un un un un un constitut de la const	
Ensure secondary locations receiving redistributed COVID- conditions in the CDC COVID-19 Vaccination Program Provi			llary supplies also	o sign and comply	y with all
Comply with vaccine manufacturer Instructions on cold che which will be updated to include specific information relate locations.					
4. Document and make available any rrecords of COVID-19 va requested, including dates and times of redistribution, send Neither CDC nor state, local, or territorial health departments are resp	ding and receiv	ing locations, lot number	s, expiration date	s, and numbers o	
By signing this form, I understand this is an agreement betwee immunization program. I also certify on behalf of myself, my and all the practitioners, nurses, and others associated with the agreement requirements listed above and understand my Or compliance with the terms of this Redistribution Agreement of Program and criminal and civil penalties under federal law, in related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349,	medical practic this Organizatio ganization and may result in su	e, or other legal entity wi on that I have read and ag I are accountable for con spension or termination f	th staff authorize tree to the COVID opliance with the from the CDC COV	ed to administer v -19 vaccine redist se requirements. ID-19 Vaccinatio	accines, tribution Non- n
Organization Medical Director (or equivalen	(t)		i see		
Last name: Timehe Z	First name:	Jonathan	Miles (II) Miles (III) (III) Millionia de Lega (III) (Middle initial:	
Signature: Chief Executive Officer (chief fiduciary role)		Date: 1 (14)	2(
Last name: Mc CEO D	First name:	SHELDON		Middle initial:	7
87 2 (b)	i irst Hattle;		المدهدا	TTHUCHE ITHUOI,	aalaatiinaakilaasiihiissa oseenn suoren aratta sandaa t

^{&#}x27; Requirements incorporated by reference; refer to wwysy.cuc.gov/vaccines/hcp/admin/storage-handling.html.



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 p	hone 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) NYC Health + Hospitals/Elmhurst 79-01 Broadway Elmhurst, New York 11373		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
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)	g		l	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=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org> Filename: image001.png

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

Document ID: 0.7.1219.5222

From: Lacayo, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=lacayoc.nychhc.org>

To: Huang, Alan </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0 d29a-huang, alan>; Dibari, Danielle </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=882693337d9742289d32816b0b24

7006-dibari, danie>; THAN, MIN </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=25a435d8e324462985cf1d1fb349

d563-than, min>; CovidVaccineRedistribution@health.ny.gov

<covidvaccineredistribution@health.ny.gov>

Cc: Jimenez, Jonathan

(fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c336496 1c58-jimenez, jona>; Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

Bcc:

Subject: RE: SXK --- 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

Jonathan Jimenez, MD, MPH Medical Director, Test & Trace Corps Document ID: 0.7.1219.5222-000001

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Harlem 1.14.2021.pdf Last Modified: Fri Feb 12 12:31:22 EST 2021





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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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			variation de de		
Organization/facility name: Brooklyn Army Terminal Test and	Trace	FOR OFFICIAL USE ONL Unique COVID-19 Organiz		n A):	
Primary address and contact info	ormation o	of COVID-19 vaccinatio	n organization	1	
Street address 1: 140 58th Street			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11220
87 2 (b) Telephon	Fax:				÷
Responsible officers					
Medical Director (or Equivalent) Info	rmation		749.404	mat n. A. colonia de la missi del direc di Adaline, con septe	
_{Last name:} Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number	300198	
87 2 (b)		_{Email:} Jonathan.Jim	enez@nychhc.c	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 Fidu	ıciary) Info	rmation			
Last name: McLeod		_{First name:} Sheldon			Middle initial:
Telephone number: 87 2 (b)		_{Email:} Sheldon.McI	Leod@nychhc.o	rg	
Street address 1: 451 Clarkson Ave			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11203

Primary point of contact responsible for re- (if different than medical director listed above)	ceipt of COV	ID-19 vaccine		M. 22 303	
Last name: FOY0091	First name:	Hinno	lh	Middle initial:	
Telephone number: 87 2 (b)	Email:	innah	.Faroo	qi@ny	chhc.org
Secondary point of contact for receipt of CC			The Best St.		
Last name: 60	First name:	Hans	magicina Antigorii in fortifo vo co di un consumera antifi antisticina distruccio di cinque e emergicini di cin	Middle initial:	derman, in his or hardwards deligibility or processor.
87 2 (b) Telephone number:	Email:	gon@r	Tychhe	.org	raffiliation upon di transferiori regione regionaga de pro-
COVID-19 vaccination organization redistri	bution agree	ement requiren	ients		
To redistribute COVID-19 vaccine, constituent products, and a	ncillary supplies	to secondary sites, t	his organization agr	ees to:	
1. Sign and comply with all conditions as outlined in the CD	C COVID-19 Vaco	ination Program Pro	vider Agreement.		y lancard a grant y lancard a grant a g
Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro		•	ancillary supplies als	so sign and comply	with all
Comply with vaccine manufacturer Instructions on cold c which will be updated to include specific information rela locations.	-	•		-	
 Document and make available any records of COVID-19 verguested, including dates and times of redistribution, see Neither CDC nor state, local, or territorial health departments are res 	nding and receiv	ing locations, lot nur	nbers, expiration dat	es, and numbers of	
By signing this form, I understand this is an agreement betwimmunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my Compliance with the terms of this Redistribution Agreement Program and criminal and civil penalties under federal law, related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	y medical praction this Organization Organization and tmay result in su	ce, or other legal entl on that I have read ar I I are accountable fo spension or terminat	ty with staff authorized and agree to the COVII or compliance with the lon from the CDC CO	red to administer vo D-19 vaccine redisti ese requirements. I VID-19 Vaccination	accines, ribution Non- n
Organization Medical Director (or equivale	nt)				
Last name: Timenez	First name:	Jonatha	۸	Middle Initial:	· co distribution magnitudi unici ratte abbilitate
(8 / 2 (b) Signature:		Date:	4/21		
Chief Executive Officer (chief fiduciary role)			111	-6.8	
Last name: Mc Leo S	First name:	SHELDO	service of the servic	Middle initial:	>
Signature:	·	Date:	14/2017	·	
Requirements incorporated by reference; refer to www.cdc.gov/vaccine	s/hcp/admin/stora	ge-handling.html			



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.

The state of the s	ed and must ronow sale transport guidennes for cold	· cridiii iiiceBricy:						
	RELEASING FACILITY INFORMATION							
Releasing Facility Location Name and Address, Including Brooklyn Army Terminal Test and Trace 140 58th Street, Bro	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 page 2 (b)	phone number Extension:	enter extension if applicable					
R	ECEIVING FACILITY INFORMATION: Complete for ea	ach site receiving vaccin	e from your inventory					
TO (Receiving Facility/Provider Location Name NYC HEALTH + HOSPITAL / HARLEM 506 Lenox Ave		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer				
To (Location) NYC HEALTH + HOSPITAL / HARLEM	Contact Name and Émail HINNAH FAROOQI - Hinnah.Farooqi@nychhc.org	CV1019	Moderna # 50	Click or tap to enter a date. 01/14/21				
To (Location)	, nation			Click or tap to enter a date.				
To (Location)	[· · · · · · · · · · · · · · · · · · ·	-		Click or tan to enter a date.				
Justification (explain in detail the reason for re-distribution)	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=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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 ONL	Y VTrckS ID:		
Brooklyn Army Terminal Test and	Ггасе	Unique COVID-19 Organiz	ation ID (from Sectio	on A):	
Primary address and contact info	rmation o	f COVID-19 vaccinatio	on organization	n	
Street address 1: 140 58th Street			Street address	: 2:	
City: New York	County:	Brooklyn	State:	NY	_{ZIP:} 11220
87 2 (b) Telephor	Fax:				
Responsible officers					
Medical Director (or Equivalent) Info	mation				
_{Last name:} Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number	r: 300198	3
87 2 (b) Telephon		_{Email:} Jonathan.Jim	enez@nychhc.	org	
Street address 1: 55 Water Street			Street address	s 2:	The second secon
City: New York	County:	New York	State:	NY	_{ZIP:} 10041
Chief Executive Officer (or Chief Fidu	ciary) Infor	mation			
Last name: McLeod		First name: Sheldon			Middle initial:
Telephone number: 87 2 (b)		Email: Sheldon.McI	Leod@nychhc.d	org	
Street address 1: 451 Clarkson Ave			Street address	s 2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11203

Primary (if differen	point of contact responsible fo nt than medical director listed abo	r receipt of COV ve)	ID-19 vacci	ne	
Last name:	Leighton	First name:	Rose	marie	Middle initial:
Telephone nu	87 2 (b)	ıail;	rosew	narie.Le	eighton@nyc
Seconda	ry point of contact for receipt c	of COVID-19 vac	cine		
Last name:	Pompa	First name:	mar	nfredo	Middle initial:
Telephone nu	87 2 (b)	Email: M	anfrec	lo.pomp	a@nychhc.or
COVID-19	9 vaccination organization redi				
To redistribut	e COVID-19 vaccine, constituent products,	and ancillary supplies	s to secondary si	tes, this organization	agrees to:
1. Sign and	com <mark>ply with all conditions as outlined in t</mark>	ne CDC COVID-19 Vac	cination Progran	n Provider Agreement	
	condary locations receiving redistributed (s in the CDC COVID-19 Vaccination Program			ts, or ancillary supplie	es also sign and comply with all
	vith vaccine manufacturer Instructions on c I be updated to include specific informatio				
requested	t and make available any rrecords of COVII I, including dates and times of redistributic Cnor state, local, or territorial health departments	on, sending and receiv	ing locations, lo	t numbers, expiration	dates, and numbers of doses.
immunizati and all the p agreement i compliance Program an	this form, I understand this is an agreement ion program. I also certify on behalf of mystoractitioners, nurses, and others associated requirements listed above and understand with the terms of this Redistribution Agree d criminal and civil penalties under federa tral laws, 18 U.S.C. §§ 1001, 1035, 1347, 1347	elf, my medical praction of with this Organization of my Organization and orment may result in su I law, including but no	ce, or other legal on that I have red I I are accountab spension or tern	entity with staff auth ad and agree to the Co le for compliance wit nination from the CDO	orized to administer vaccines, OVID-19 vaccine redistribution h these requirements. Non- CCOVID-19 Vaccination
Organiza	ation Medical Director (or equiv	/alent)			
Last name:	Timènez_	First name:	Jonatha		Middle initial:
Signature:	87 2 (b)		Date:	1/14/28.	
Chief Exe	cutive Officer (chief fiduciacy r	ole)		7. Sec. 19.	13.7V
Last name:	McLEOD	First name:	SHEU	1001	Middle initial:
Signature:	87 2 (b)		Date:	114/2021	
	du Tomas de la companya de la compa		***************************************		

 $^{{}^{}t}\textit{Requirements incorporated by reference; refer to } \underline{\textbf{www.cdc.gov/vaccines/hcp/admin/storage:handling.html}. \\$



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.

- Sing rangement and a transported and mast follow <u>suite transport Randemies</u> for each entire integrity:								
RELEASING FACILITY INFORMATION								
Releasing Facility Location Name and Address, Including	County:	COVID Pin #: enter pin # here						
Brooklyn Army Terminal Test and Trace 140 58th Street, Br	ooklyn NY 11220	CV1114						
Facility Contact Name: enter here		Date of submission: xx/	/xx/xx					
Chris Keeley		01/14/21		<u>*</u>				
Contact Email: enter email Chris.Keeley@nychhc.org	8	Contact Phone #: enter p 7 2 (b)	ohone number Extension:	enter extension if applicable				
R	ECEIVING FACILITY INFORMATION: Complete for ea	ch site receiving vaccine	e from your inventory					
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Jacobi 1400 Pelham Parkway		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				
170 mm 17 //			*	date				
	1			1				
To (Location)				Click or tap to enter a				
	i I			;e.				
Justification (explain in detail the reason for re-distributi	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=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Kings County 1.14.2021.pdf

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



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?

Governor

- 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 reallocation, 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.



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	11.05.05			E	
Organization/facility name:		FOR OFFICIAL USE ONL	Y VTrckS ID:	Maryon Caranta and Rose Adda ago, and ago	
Brooklyn Army Terminal Test and Tra	ace	Unique COVID-19 Organiza	ation ID (from Section	on A):	
Primary address and contact inform	nation of	COVID-19 vaccinatio	n organizatio	n kerakan	
Street address 1: 140 58th Street			Street address	s 2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11220
Telephone	Fax:		Lancara appropria		
Responsible officers					
Medical Director (or Equivalent) Inform	ation				
Last name: Jimenez	:	First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure numbe	r: 300198	
87 2 (b) Telephone		Email: Jonathan.Jim	enez@nychhc.	org	
Street address 1: 55 Water Street			Street addres	s 2:	
City: New York	County:	New York	State:	NY	ZIP: 10041
Chief Executive Officer (or Chief Fiducia	ary) Infor	mation		. !	
Last name: McLeod 87 2 (b)		First name: Sheldon			Middle initial:
Telephone number:		Email: Sheldon.McL	eod@nychhc.	org	
Street address 1: 451 Clarkson Ave		3 7	Street addres	s 2:	
City: New York	County:	Brooklyn	State:	NY	_{ZIP:} 11203

Primary point of contact responsible for r (if different than medical director listed above		/ID-19 vaccine	
Last name: Pod	First name:	Zoraya	Middle initial:
87 2 (b) Telephone number	Email:		chhc.org
Secondary point of contact for receipt of	COVID-19 vac	cine	
Last name: Eng	First name:	Morris	Middle initial:
87 2 (b) Telephone number:	Email:	enamzer	rychhe.org
COVID-19 vaccination organization redist	ribution agre	ement requirements	
To redistribute COVID-19 vaccine, constituent products, an	d ancillary supplie	es to secondary sites, this organiza	tion agrees to:
1. Sign and comply with all conditions as outlined in the	CDC COVID-19 Vac	cination Program Provider Agreer	ment.
Ensure secondary locations receiving redistributed CO conditions in the CDC COVID-19 Vaccination Program I			pplies also sign and comply with all
Comply with vaccine manufacturer instructions on col which will be updated to include specific information r locations.	TO PRODUCE OF BUILDING PROPERTY OF SHARES		
 Document and make available any rrecords of COVID- requested, including dates and times of redistribution, Neither CDC nor state, local, or territorial health departments are 	sending and recei	iving locations, lot numbers, expira	ation dates, and numbers of doses.
By signing this form, I understand this is an agreement be immunization program. I also certify on behalf of myself and all the practitioners, nurses, and others associated wagreement requirements listed above and understand macompliance with the terms of this Redistribution Agreement Program and criminal and civil penalties under federal leaves federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349	f, my medical pract with this Organizat by Organization an ent may result in s aw, including but n	ice, or other legal entity with staff ion that I have read and agree to t id I are accountable for complianc uspension or termination from the	authorized to administer vaccines, he COVID-19 vaccine redistribution e with these requirements. Non- e CDC COVID-19 Vaccination
Organization Medical Director (or equiva	lent)	HALLE MANUELLA MA	
Last name: Timener	First name:	Jonathan	Middle initial:
Signature: Chief Executive Officer (cnie) flouciary ro	Je I	Date: 111421	
21-1-		SHELDON	>
East name: 87 2 (b)	First name:		Middle Initial:
Signature:		Date: 111412	~
Requirements incorporated by reference; refer to www.cdc.gov/yacs	ines/hcp/admin/sto	rage-handling.html	



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 INFORMATIO	N	The second secon	
Releasing Facility Location Name and Address, Including Brooklyn Army Terminal Test and Trace 140 58th Street, Bro	County:	COVID Pin #: enter pin a	# here	
Facility Contact Name: enter here Chris Keeley	Date of submission: xx/ 01/14/21	/xx/xx		
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter p 87 2 (b)	phone number Extension:	enter extension if applicable	
RI	CEIVING FACILITY INFORMATION: Complete for e	ach site receiving vaccine	e from your inventory	
TO (Receiving Facility/Provider Location Name : NYC Health + Hospitals/Kings County - 451 Clarkson A		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
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)			l	Click or tap to enter a date.
Justification (explain in detail the reason for re-distributi	•			
	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 **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 reallocation, 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.



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 ONI	Y VTrckS ID:		
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ation ID (from Sectio	n A):	
Primary address and contact info	ormation (of COVID-19 vaccination	on organization	1	
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			NUMBER OF		
Medical Director (or Equivalent) Info	ormation				
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number	300198	
87 2 (b) Telephone:	s4	_{Email:} Jonathan.Jim	enez@nychhc.o		
Street address 1: 55 Water Street			Street address	2:	
City: New York	County:	New York	State:	NY	_{ZIP:} 10041
Chief Executive Officer (or Chief Fide	uciary) Info	rmation			
Last name: McLeod		First name: Sheldon			Middle initial:
Telephone number: 87 2 (b)		_{Email:} Sheldon.Mcl	Leod@nychhc.c	org	
Street address 1: 451 Clarkson Ave		44	Street address	2:	
City: New York	Country	Brooklyn	State	NY	7IP. 11203

Primary point of contact responsible for (if different than medical director listed about	or receipt of COVID-19 vaccine ove)	
Last name: TQ,bQ	First name: Nasic	Middle initial:
87 2 (b) Telephone number:	Email: 19,00rn@n	ychnc.org
Secondary point of contact for receipt of	of COVID-19 vaccine	
Last name: AlapaH	First name: SQHQSHQV	Middle initial:
87 2 (b) Telephone number:	Email: Sebastian.	ilapatt@nychhc
COVID-19 vaccination organization red	istribution agreement requirements	
To redistribute COVID-19 vaccine, constituent products,	and ancillary supplies to secondary sites, this organiz	ation agrees to:
1. Sign and comply with all conditions as outlined in t	he CDC COVID-19 Vaccination Program Provider Agree	ment.
Ensure secondary locations receiving redistributed conditions in the CDC COVID-19 Vaccination Progra		upplies also sign and comply with all
Comply with vaccine manufacturer Instructions on which will be updated to include specific informatic locations.	cold chain management and CDC guidance in CDC's V on related to COVID-19 vaccine, for any redistribution o	- · · · · · · · · · · · · · · · · · · ·
,	D-19 vaccine redistribution to secondary sites to jurisc on, sending and receiving locations, lot numbers, expi are responsible for any costs of redistribution or equipment to s	ration dates, and numbers of doses.
immunization program. I also certify on behalf of mys and all the practitioners, nurses, and others associate agreement requirements listed above and understand		f authorized to administer vaccines, the COVID-19 vaccine redistribution te with these requirements. Non- e CDC COVID-19 Vaccination
Organization Medical Director (or equi	valent)	
Last name: Jimenez	First name: Jonathan	Middle initial:
Signature: $487\ 2\ (b)$	Date: 1 14 2 (
Chief Executive Officer (chief fiduciary	role;	
Last name: 87.2 (b)	First name: SHELDON	Middle initial:
0, 2 (0)	• • •	

Signature:

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



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 INFORMA	TION		• • · · · · · · · · · · · · · · · · · ·
Releasing Facility Location Name and Address, Inclu Brooklyn Army Terminal Test and Trace 140 58th Stree		COVID Pin #: enter pin CV1114	# here	
Facility Contact Name: enter here		Date of submission: xx 01/14/21	/xx/xx	
Contact Email: enter email Chris.Keeley@nychhc.org			enter extension if applicable	
	RECEIVING FACILITY INFORMATION: Complete fo	r each site receiving vaccin	e from your inventory	2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
TO (Receiving Facility/Provider Location N NYC Health + Hospitals/Lincoln - 234 East 149th S	ame and Address, Including County and contact) StreetBronx, New York 10451	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) NYC Health + Hospitals/Lincoln	Contact Name and Email Nasir Iqbal - iqbarn@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYG Health + Hospitals/Lincoln	Nasir Iqbal - iqbarn@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYG Health + Hospitals/Lincoln	Nasir Iqhal - iqharn@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
Justification (explain in detail the reason for re-distr	ibution):	Processor and the second secon		
	Equipment Failu	re		

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

(1/4/2)

Document ID: 0.7.1219.5222-000005

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org>

Filename: BAT to Queens 1.14.2021.pdf Last Modified: Fri Feb 12 12:31:22 EST 2021



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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					特的思想主题。由其	
Organization/facility name:		FOR OFFICIAL USE ON	LY VTrckS ID:			
Brooklyn Army Terminal Test and	Unique COVID-19 Organization ID (from Section A):					
Primary address and contact info	ormation	of COVID-19 vaccination	on organization	1		
Street address 1: 140 58th Street			Street address	2:		
City: New York	County:	Brooklyn	State:	NY	_{ZIP:} 11220	
87 2 (b) Telephone	Fax:					
Responsible officers			arana a propinsi di Tanggaran			
Medical Director (or Equivalent) Info	rmation					
Last name: Jimenez		First name: Jonathan			Middle initial:	
Title: Medical Director		Licensure state: NY	Licensure number	300198		
87 2 (b) Telephone:		_{Email:} Jonathan.Jim	nenez@nychhc.o	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 Fidu	ıciary) Info	rmation				
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	

(if different than medical director listed above)	iptor corn				100
Last name: Samoski-Broavia	First name:	Sheil	a	Middle initial:	ille efficient popularismostra (s standaren en esta esta esta esta esta esta esta esta
Telephone number: 87 2 (b)		rokav	is @nyc	hhc.or	9
Secondary point of contact for receipt of CO	VID-19 vacci	ne			
Last name: RQO	First name:	Prem	prakas	h Middle initial:	
87 2 (b) Telephone numbe	Email:	aopr	@nych!	he org	phonographic (s) (s) (s) on "This is a systematic of the distribution of
COVID-19 vaccination organization redistrib					
To redistribute COVID-19 vaccine, constituent products, and ar	ncillary supplies t	o secondary sites,	this organization agre	ees to:	none de como processo de constitución de la activación comencial de con-
1. Sign and comply with all conditions as outlined in the CDC	COVID-19 Vaccii	nation Program Pr	ovider Agreement.		
Ensure secondary locations receiving redistributed COVID- conditions in the CDC COVID-19 Vaccination Program Prov	•	tituent products,	or ancillary supplies al	so sign and comply	with all
 Comply with vaccine manufacturer Instructions on cold che which will be updated to include specific information relat locations. 	•	-		-	
 Document and make available any rrecords of COVID-19 v. requested, including dates and times of redistribution, sen Neither CDC nor state, local, or territorial health departments are res 	iding and receivir	ng locations, lot n	umbers, expiration dat	tes, and numbers o	
By signing this form, I understand this is an agreement betwimmunization program. I also certify on behalf of myself, my and all the practitioners, nurses, and others associated with agreement requirements listed above and understand my O compliance with the terms of this Redistribution Agreement Program and criminal and civil penalties under federal law, related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	y medical practice this Organization organization and i may result in sus	e, or other legal en n that I have read I are accountable pension or termin	tity with staff authoria and agree to the COVII for compliance with th ation from the CDC CC	zed to administer vo D-19 vaccine redist lese requirements. I OVID-19 Vaccinatio	accines, ribution Non- n
Organization Medical Director (or equivale	nt)				
Last name: Tinible 2.	First name:	Jonato	an	Middle initial:	
Signature: Chief Executive Officer (chief figuciary role)		Date:	114/21		4 1 6 6 6 6
Last name: Mc LEO S	First name:	SHELD	2~l	Middle initial:	2
87 2 (b) Signature:		Date:	114/2021		
' Requirements incorporated by reference; refer to www.cdc.gov/vaccine;	s/hcp/admin/storas	ge-handling.html			



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.

only range inputition and the consport	and mast rollow sale transport galacimes for cold	chair integrity.						
	RELEASING FACILITY INFORMATIO	N						
Releasing Facility Location Name and Address, Including Brooklyn Army Terminal Test and Trace 140 58th Street, Bro	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	2 (b) The phone #: onter 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 a NYC HEALTH + HOSPITAL/ QUEENS - 82-68 164th S	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer					
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)	on):							

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

01/14/21

Document ID: 0.7.1219.5222-000006

Owner: Lacayo, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=lacayoc.nychhc.org> Filename: image001.png

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

Document ID: 0.7.1219.5345

From: Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Bcc:

Subject: RE: (SXK) 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



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: (SXK) 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; muccinop@nychhc.org; DOH.sm.CovidVaccineRedistribution

<CovidVaccineRedistribution@health.ny.gov>
Subject: RE: (SXK) 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



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: (SXK) 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).



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 <kwongi1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN_MIN <thanm@nycl

<kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>;
DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: (SXK) Brooklyn Army Test and Trace to Multiple NYC H+H sites



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

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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

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



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?

Governor

- 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 reallocation, 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.

FROM BAT TO CONEY Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 82 (Attachment 1 of 4)



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 CC	OVID PIN #:	Date of Sub	mission: xx/xx/xx		
Facility Contact Name and email: enter here : 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 #		cturer and Doses	Target date of transfer		
Receiving Facility Location Name and Address (including County)	Contact Name and Email		01 1:5000		Click or tap to enter a date.		
			Check if 2 nd	Doses 🗀			
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.		
			Check if 2 nd	Doses			
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.		
			Check if 2 nd	Doses			
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in acco	ordance with state guidel	ines):				

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:

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 Organizatio	on ID (from Section A):	
Primary address and conta	act information of	COVID-19 vaccination	organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivale	nt) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state: Li	censure number:	
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Ch	ief Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
7 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:

FROM BAT TO CONEY Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf for Printed Item: 82 (Attachment 1 of 4)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respons (if different than medical director list	sible for receipt of COVID-19 vaccine ted above)	
Last name:	First name:	Middle initial:
7 2 (b)	Email:	
Secondary point of contact for re	ceipt of COVID-19 vaccine	
Last name:	First name:	Middle initial:
37 2 (b)	Email:	
COVID-19 vaccination organizati	on redistribution agreement requirem	ients
To redistribute COVID-19 vaccine, constituent p	products, and ancillary supplies to secondary sites, th	his organization agrees to:
1. Sign and comply with all conditions as out	lined in the CDC COVID-19 Vaccination Program Prov	vider Agreement.
2. Ensure secondary locations receiving redisconditions in the CDC COVID-19 Vaccination	stributed COVID-19 vaccine, constituent products, or on Program Provider Agreement.	ancillary supplies also sign and comply with all
· ·	ctions on cold chain management and CDC guidance information related to COVID-19 vaccine, for any redis	= = = = = = = = = = = = = = = = = = = =
requested, including dates and times of re-	ls of COVID-19 vaccine redistribution to secondary sit distribution, sending and receiving locations, lot nun epartments are responsible for any costs of redistribution or eq	mbers, expiration dates, and numbers of doses.
immunization program. I also certify on beh and all the practitioners, nurses, and others agreement requirements listed above and u compliance with the terms of this Redistribu Program and criminal and civil penalties un related federal laws, 18 U.S.C. §§ 1001, 1035		ty with staff authorized to administer vaccines, and agree to the COVID-19 vaccine redistribution or compliance with these requirements. Nontion the CDC COVID-19 Vaccination
Organization Medical Director (or equivalent)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (chief fid	luciary role)	
Last name:	First name:	Middle initial:

Date:

09/29/20

Signature:

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \,\underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Document ID: 0.7.1219.5368

From: Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Bcc:

Subject: RE: (SXK) 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

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: (SXK) 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; muccinop@nychhc.org; DOH.sm.CovidVaccineRedistribution

<CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXK) 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



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: (SXK) 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).



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: (SXK) Brooklyn Army Test and Trace to Multiple NYC H+H sites

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.nv.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 <kwongi1@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)

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

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

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in

reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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

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>

To: Emergency Transfer from Brooklyn Army Teminal (1) msg <extracted for Printed Item: 87 (Attachment 1 of 12) 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



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

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>





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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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:		FOR OFFICIAL USE ON	LY VTrckS	ID:	
Brooklyn Army Terminal Test and Tra	ace	Unique COVID-19 Organiz	zation ID (from Se	ction A):	
Primary address and contact inform	nation o	of COVID-19 vaccination	on organizat	ion	L. Company
Street address 1: 140 58th Street			Street add	ess 2:	
City: New York	County:	Brooklyn	Sta	te: NY	_{ZIP:} 11220
87 2 (b) Telephone:	Fax:				
Responsible officers					
Medical Director (or Equivalent) Inform	ation			************	
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure num	ber: 30019	98
87 2 (b) Telephone		Email: Jonathan.Jim	nenez@nychł	ic.org	***************************************
Street address 1: 55 Water St			Street add	ress 2: 26	floor
City: New York	County:	New York	Sta	_{ite:} NY	ZIP: 10041
Chief Executive Officer (or Chief Fiducia	ary) Info	rmation			
Last name: McLeod		First name: Sheldon			Middle initial:
Telephone number:		Email: Sheldon.Mc	Leod@nychl	c.org	
Street address 1: 451 Clarkson Ave			Street add	ress 2:	
City: New York	County:	Brooklyn	Sta	ate: NY	_{ZIP:} 11203

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact responsible (if different than medical director listed of	e for receipt of COVID-19 vaccine	
Last name: Morgan	First name: BRVRCIY	Middle initial:
87 2 (b) Telephone number:	Email: Beverly. Mcc	gan @nychhc.ord
Secondary point of contact for recei		
Last name: Ortiz	First name: Pedro	Middle initial:
Telephone number: 87 2 (b)		@nychhe.org
COVID-19 vaccination organization	edistribution agreement requirements	or of an hear had stated
To redistribute COVID-19 vaccine, constituent produ	icts, and ancillary supplies to secondary sites, this organi	zation agrees to:
1. Sign and comply with all conditions as outlined	in the CDC COVID-19 Vaccination Program Provider Agre	ement.
Ensure secondary locations receiving redistribu conditions in the CDC COVID-19 Vaccination Pro	ted COVID-19 vaccine, constituent products, or ancillary s ogram Provider Agreement.	supplies also sign and comply with all
	on cold chain management and CDC guidance in CDC's nation related to COVID-19 vaccine, for any redistribution	
requested, including dates and times of redistril	OVID-19 vaccine redistribution to secondary sites to Juris bution, sending and receiving locations, lot numbers, exp nents are responsible for any costs of redistribution or equipment to	iration dates, and numbers of doses.
immunization program. I also certify on behalf of and all the practitioners, nurses, and others assoc agreement requirements listed above and unders compliance with the terms of this Redistribution A		off authorized to administer vaccines, the COVID-19 vaccine redistribution nce with these requirements. Non- the CDC COVID-19 Vaccination
•		
Last name: JIMENEZ	First name: Jonathan	Middle initial:
Signature: 87 2 (b)	Date: 1/14/2	(
Chief Executive Officer (chief fiducia	ry role)	
Last name: Mc LEO S	First name: SHELDON	Middle initial:
Signature: 87 2 (b)	Date: ハイトン	••
Requirements incorporated by reference; refer to www.cdc.an	ny/vaccines/hco/admin/storage-handling.html	



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.

	ed and must rollow sale transport guidelines for cold					
	RELEASING FACILITY INFORMATIO	N	AA.			
Releasing Facility Location Name and Address, Including		COVID Pin #: enter pin	# here			
Brooklyn Army Terminal Test and Trace 140 58th Street, Brooklyn NY 11220		CV1114				
Facility Contact Name: enter here		Date of submission: xx/	/xx/xx			
Chris Keeley		01/14/21				
Contact Email: enter email Chris.Keeley@nychhc.org Contact Phone #: enter phone number Extension: enter extension if apple 87 2 (b)						
R	ECEIVING FACILITY INFORMATION: Complete for ea	ach site receiving vaccine	e from your inventory			
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Bellevue 462 First Avenue Ne	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		
	Į. g		-:0	date.		
To (Location)				Click or tap to enter a		
	-	3, - 4, -,		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

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris> Filename: BAT to Coney Island 1.14.2021.pdf <extracted>





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 reallocation, 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:		FOR OFFICIAL USE ON	LY VTrckS ID:	
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ration ID (from Section A):	
Primary address and contact info	ormation o	of COVID-19 vaccination	on organization	
Street address 1: 140 58th Street			Street address 2:	
City: New York	County:	Brooklyn	State: NY	_{ZIP:} 11220
87 2 (b) Telephone	Fax:			
Responsible officers				
Medical Director (or Equivalent) Info	rmation			
Last name: Jimenez		First name: Jonathan		Middle initial:
Title: Medical Director	Ŷ.	Licensure state: NY	Licensure number: 3001	98
87 2 (b) Telephone:		Email: Jonathan.Jim	enez@nychhc.org	, A
Street address 1: 55 Water St		- 1 (may 1) (may 1)	Street address 2: 20	5 floor
City: New York	County:	New York	State: NY	_{ZIP:} 10041
Chief Executive Officer (or Chief Fide	ıciary) Info	rmation	and the contraction of the contr	
Last name: McLeod		First name: Sheldon		Middle initial:
Telephone number: 87 2 (b)		Email: Sheldon.Mcl	Leod@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 re (if different than medical director listed above)	ceipt of CO	/ID-19 vaccine	
Last name: Halko	First name:	Yuliya	Middle initial:
87 2 (b) Telephone number:	Email:	halkoy	@nychhe.org
Secondary point of contact for receipt of Co	OVID-19 vac	cine	
Last name: VIST CO	First name:	Anthor	Middle initial:
87 2 (b) Telephone number:	Email:	inthony.	nistico @nychho
COVID-19 vaccination organization redistri	bution agre	ement requiremen	ts
To redistribute COVID-19 vaccine, constituent products, and	ancillary supplie	es to secondary sites, this c	rganization agrees to:
 Sign and comply with all conditions as outlined in the CD 	OC COVID-19 Vac	ccination Program Provide	r Agreement.
Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Program	•	•	illary supplies also sign and comply with all
 Comply with vaccine manufacturer instructions on cold of which will be updated to include specific information relations. 	-	•	
 Document and make available any records of COVID-19 requested, including dates and times of redistribution, se Neither CDC nor state, local, or territorial health departments are re 	ending and rece	iving locations, lot numbe	rs, expiration dates, and numbers of doses.
By signing this form, I understand this is an agreement bet immunization program. I also certify on behalf of myself, n and all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreement Program and criminal and civil penalties under federal law related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	ny medical pract h this Organizat Organization an it may result in s	ice, or other legal entity w ion that I have read and a id I are accountable for col uspension or termination	ith staff authorized to administer vaccines, gree to the COVID-19 vaccine redistribution mpliance with these requirements. Non- from the CDC COVID-19 Vaccination
Organization Medical Director (or equivale	ent)		
Last name: Timerez	First name:	Tonathan	Middle initial:
87 2 (b) Signature:		Date: ((14)	21
Chief Executive Officer (chief fiduciary role			
Last name: 87.2 (b)	First name:	SHEWON	Middle initial:
Signature:		Date:	lanea.

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



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.

	ed and must follow sale transport guidelines for cold				
	RELEASING FACILITY INFORMATIO	N			
Releasing Facility Location Name and Address, Including	-	COVID Pin #: enter pin # here			
Brooklyn Army Terminal Test and Trace 140 58th Street, Br	CV1114				
Facility Contact Name: enter here		Date of submission: xx/	/xx/xx		
Chris Keeley		01/14/21			
Contact Email: enter email Chris.Keeley@nychhc.org	87	7 2 (b)	phone number Extension:	enter extension if applicable	
R	ECEIVING FACILITY INFORMATION: Complete for ea	ach site receiving vaccine	e from your inventory		
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Coney Island 2601 Ocean Part	_ ,	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	on):	A Committee of the Comm			
	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

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: BAT to Elmhurst 1.14.21.pdf <extracted>





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?

Governor

- 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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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:		FOR OFFICIAL USE ONI	LY VTrckS ID:		
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ration ID (from Sectio	n A):	
Primary address and contact inf	ormation o	f COVID-19 vaccinatio	on organization	1	para sa a di Marija Para di Salah
Street address 1: 140 58th Street			Street address	2:	
_{City:} New York	County:	Brooklyn	State:	NY	_{ZIP:} 11220
87 2 (b) Telephone	Fax:				
Responsible officers		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Hill S	
Medical Director (or Equivalent) Info	ormation				
_{-ast name:} Jimenez		First name: Jonathan			Middle initial:
Fitle: Medical Director		Licensure state: NY	Licensure number	30019	8
87 2 (b) Telephone		_{Email:} Jonathan.Jim	enez@nychhc.o	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 Fid	uciary) Infor	mation			
Last name: McLeod		First name: Sheldon			Middle initial:
87 2 (b) Selephone number:		Email: Sheldon.McI	Leod@nychhc.c	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 rec (if different than medical director listed above)	eipt of COV	ID-19 vaccine	1		
Last name: BQV D R V	First name:	Peta) [Middle initial:	
87 2 (b) Telephone numbe	Email:	3arber	p@nyo	chhc.org	TOTAL A SEMENTAL TO A PROPERTY OF THE
Secondary point of contact for receipt of CO			10 mg		
Last name: COVTRZ	First name:		esa	Middle initial:	anganasa ya sas ingal ikusanininka enkanasas
Telephone number:	Email:	Cortez	teny	ichhc.orc	7
COVID-19 vaccination organization redistril	bution agre	ement requirer	nents	。 1987年時期	
To redistribute COVID-19 vaccine, constituent products, and a	ancillary supplie	s to secondary sites,	this organization o	agrees to:	on a figure and the second to properly the first of the second of the se
1. Sign and comply with all conditions as outlined in the CD	C COVID-19 Vac	cination Program Pro	ovider Agreement.	napolini dimininka wa a a pamagasa kataji likilikiliki	
Ensure secondary locations receiving redistributed COVID conditions in the CDC COVID-19 Vaccination Program Pro			r ancillary supplie	s also sign and comply wi	th all
Comply with vaccine manufacturer Instructions on cold of which will be updated to include specific information relations.					
 Document and make available any rrecords of COVID-19 or requested, including dates and times of redistribution, se <i>Neither CDC nor state, local, or territorial health departments are re.</i> 	nding and recei	ving locations, lot nu	mbers, expiration	dates, and numbers of do	
By signing this form, I understand this is an agreement betwith immunization program. I also certify on behalf of myself, mand all the practitioners, nurses, and others associated with agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreemen Program and criminal and civil penalties under federal law, related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	ny medical pract h this Organizat Organization an t may result in s , including but n	ice, or other legal ent ion that I have read a d I are accountable fo uspension or termina	ity with staff authorid agree to the CC or compliance with ation from the CDC	orized to administer vacci DVID-19 vaccine redistribe 1 these requirements, Non COVID-19 Vaccination	ines, ution n-
Organization Medical Director (or equivale	ent)	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (A STATE OF THE STA		
Last name: Jimehe 7 872 (b)	First name:	Jonatha	-h	Middle initial:	—
Signature:	Contraction on the Contraction of the Contraction o	Date:	14/21		the transfer and the second second second
Chief Executive Officer (chief fiduciary role)				
Last name: Mc CEO D	First name:	SHELDO	M	Middle initial:	>
87 2 (b) Signature:	The second secon	Date:	1412	, permission de la material de la consequencia de la consequencia de la consequencia de la material de la consequencia del consequencia de la consequencia del consequencia de la consequencia della conseq	mentioners and down

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



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	ON		
Releasing Facility Location Name and Address, Includin Brooklyn Army Terminal Test and Trace 140 58th Street, E		COVID Pin #: enter pin : CV1114	# here	
Facility Contact Name: enter here		Date of submission: xx/ 01/14/21	/xx/xx	
Contact Email: enter email Chris.Keeley@nychhc.org	8	Contact Phone #: enter p 37 2 (b)	phone number Extension:	enter extension if applicable
	RECEIVING FACILITY INFORMATION: Complete for e	ach site receiving vaccine	e from your inventory	Apr 14 Mars 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Elmhurst 79-01 Broadway El		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
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)	g		l 0	Click or tap to enter a date.
To (Location)		~ / / ^ / /		Click or tap to enter a date.
Justification (explain in detail the reason for re-distribut	ion):			
	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

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: BAT to Harlem 1.14.2021.pdf <extracted>





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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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			19 16			
Organization/facility name:		FOR OFFICIAL USE	ONL	Y VTrckS ID:		
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Or	ganiz	ation ID (from Section	n A):	
Primary address and contact info	rmation o	of COVID-19 vaccin	atio	n 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) Info	rmation					
Last name: Jimenez		First name: Jonath	nan			Middle initial:
Title: Medical Director		Licensure state: NY		Licensure number:	300198	}
87 2 (b)	44	_{Email:} Jonathan	.Jim	enez@nychhc.c	rg	
Street address 1: 55 Water Street				Street address	2:	
City: New York	County:	New York		State:	NY	_{ZIP:} 10041
Chief Executive Officer (or Chief Fidu	ıciary) Info	rmation				
Last name: McLeod	:	First name: Shelde	on			Middle initial:
87 2 (b) Telephone number:		_{Email:} Sheldon.	McL	eod@nychhc.o	rg	
Street address 1: 451 Clarkson Ave				Street address	2:	
City: New York	County:	Brooklyn		State	NY	_{7IP:} 11203

Primary point of contact responsible fo (if different than medical director listed abo	r receipt of COV ve)	ID-19 vaccine		
Last name: FOY0091	First name:	Hinnah	Middle initial:	est messaria
87 2 (b)	Email: H	innah.Fa	rooqi@nychh	c.org
Secondary point of contact for receipt o	of COVID-19 vaco			J
Last name: 60	First name:	Hans	Middle initial:	P. P. Carlotte
87 2 (b) Telephone numbe	Email:	gon@nyc	hhc.org	Malinosi
COVID-19 vaccination organization redi	stribution agree	ement requirements		
To redistribute COVID-19 vaccine, constituent products,	and ancillary supplies	to secondary sites, this organ	ization agrees to:	managh.
1. Sign and comply with all conditions as outlined in the	ne CDC COVID-19 Vacc	ination Program Provider Agr	eement.	ineasiti-
Ensure secondary locations receiving redistributed of conditions in the CDC COVID-19 Vaccination Program			supplies also sign and comply with all	
Comply with vaccine manufacturer Instructions on a which will be updated to include specific informatio locations.	•	•		
 Document and make available any rrecords of COVID requested, including dates and times of redistribution Neither CDC nor state, local, or territorial health departments 	on, sending and receiv	ing locations, lot numbers, ex	piration dates, and numbers of doses.	manusis
By signing this form, I understand this is an agreemen immunization program. I also certify on behalf of mys and all the practitioners, nurses, and others associated agreement requirements listed above and understand compliance with the terms of this Redistribution Agree Program and criminal and civil penalties under federa related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 13-	elf, my medical practic d with this Organizatio I my Organization and ment may result in su: I law, including but no	e, or other legal entity with st on that I have read and agree t I are accountable for complia spension or termination from	off authorized to administer vaccines, o the COVID-19 vaccine redistribution nce with these requirements. Non- the CDC COVID-19 Vaccination	
Organization Medical Director (or equiv	valent)			
Last name: Timenez	First name:	Tonathan	Middle Initial:	
87 2 (b) Signature:	athor the page (population and analysis of the Constitution)	Date: 1/14/21		
Chief Executive Officer (chief fiduciary r	oie)			
Last name: 87 2 (b)	First name:	SHELDON	Middle initial:	
Signature:		Date: 11412	•17	
Requirements incorporated by reference; refer to <u>www.cdc.gov/va</u>	ccines/hcp/admin/stora	ge-handling.html		



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 INFORMATIO	N			
Releasing Facility Location Name and Address, Including Brooklyn Army Terminal Test and Trace 140 58th Street, Br		COVID Pin #: enter pin CV1114	# here		
Chris Keeley		Date of submission: xx/xx/xx 01/14/21			
Contact Email: enter email Chris.Keeley@nychhc.org		87 2 (b) #: enter phone number Extension: enter extension if applicable			
R	ECEIVING FACILITY INFORMATION: Complete for e	ach site receiving vaccin	e from your inventory		
TO (Receiving Facility/Provider Location Name NYC HEALTH + HOSPITAL / HARLEM 506 Lenox Ave		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer	
To (Location) NYC HEALTH + HOSPITAL / HARLEM	Contact Name and Émail HINNAH FAROOQI - Hinnah.Farooqi@nychhc.org	CV1019	Moderna # 50	Click or tap to enter a date. 01/14/21	
To (Location)	, coll.com			Click or tap to enter a date.	
To (Location)	··	_		Click or tan to enter a date.	
Justification (explain in detail the reason for re-distributi	on):				
	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

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>



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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	的 医型性动物 特别 自然		
Organization/facility name:	FOR OFFICIAL USE ONLY	VTrckS ID:	
Brooklyn Army Terminal Test and Trace	Unique COVID-19 Organizat	tion ID (from Section A):	
Primary address and contact information o	f COVID-19 vaccination	organization	
Street address 1: 140 58th Street		Street address 2:	
City: New York County:	Brooklyn	State: NY	ZIP: 11220
87 2 (b) Telephone: 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	
87 2 (b) Telephone:	_{Email:} Jonathan.Jime	nez@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) Infor	mation		
Last name: McLeod	First name: Sheldon		Middle initial:
Telephone number: 87 2 (b)	Email: Sheldon.McLe	eod@nychhc.org	
Street address 1: 451 Clarkson Ave		Street address 2:	
City: New York County:	Brooklyn	State: NY	ZIP: 11203

Primary point of contact responsible for re (if different than medical director listed above)	eceipt of COVID-19 vaccine)
Last name: LQIQhton	First name: ROSe Mayie Middle initial:
Telephone number: 87 2 (b)	Email: rosemarie. Leighton@nycl
Secondary point of contact for receipt of C	OVID-19 vaccine
Last name: POMPA	First name: Manfredo Middle initial:
87 2 (b) Telephone number	Email: Manfredo.pompa@nychhc.or
COVID-19 vaccination organization redistr	
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 Cl	DC COVID-19 Vaccination Program Provider Agreement.
Ensure secondary locations receiving redistributed COVI conditions in the CDC COVID-19 Vaccination Program Presented	/ID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all rovider Agreement.
· ·	I chain management and CDC guldance in CDC's <i>Vaccine Storage and Handling Toolkit</i> , elated to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary
requested, including dates and times of redistribution, se	9 vaccine redistribution to secondary sites to Jurisdiction's immunization program as sending and receiving locations, lot numbers, expiration dates, and numbers of doses. responsible for any costs of redistribution or equipment to support redistribution efforts.
immunization program. I also certify on behalf of myself, n and all the practitioners, nurses, and others associated wit agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreemen	etween my Organization and CDC, implemented and maintained by my jurisdiction's my medical practice, or other legal entity with staff authorized to administer vaccines, lith this Organization that I have read and agree to the COVID-19 vaccine redistribution or Organization and I are accountable for compliance with these requirements. Non- sent may result in suspension or termination from the CDC COVID-19 Vaccination w, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other
Organization Medical Director (or equivale	ent)
Last name: Trueno, 2. 87 2 (b)	First name: Jonathan Middle initial:
87 2 (b) Signature	Date: 1(14/21.
Chief Executive Officer (chief fiduciary role	e)
Last name: Mc LEO S	First name: SHEUW Middle initial:
87 2 (b) Signature:	Date: ルイトン

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



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.

Only fail, disparted viais can be transported and must follow safe transport galderines for cold-chain integrity.						
	RELEASING FACILITY INFORMATIO	N				
Releasing Facility Location Name and Address, Including	-	COVID Pin #: enter pin	# here	-		
Brooklyn Army Terminal Test and Trace 140 58th Street, Br	CV1114					
Facility Contact Name: enter here	Date of submission: xx,	/xx/xx				
Chris Keeley		01/14/21				
Contact Email: enter email Chris.Keeley@nychhc.org	Contact Phone #: enter phone number Extension: enter extension if applicable 87 2 (b)					
R	ECEIVING FACILITY INFORMATION: Complete for ea	ch site receiving vaccin	e from your inventory			
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Jacobi 1400 Pelham Parkway	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer			
To (Location) NYC Health + Hospitals/Jacobi	To (Location) Contact Name and Email			Click or tap to enter a date. 1/14/21		
To (Location)				Click or tap to enter a date		
To (Location)	: :	U.	" " " " " " " " " " " " " " " " " "	Click or tap to enter a :e.		
Justification (explain in detail the reason for re-distributi	on):					
	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

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris> Filename: BAT to Kings County 1.14.2021.pdf <extracted>





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 reallocation, 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.



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 ONL	Y VTrckS ID:		
Brooklyn Army Terminal Test and Tra-	ce	Unique COVID-19 Organiza	ation ID (from Section	n A):	
Primary address and contact inform	ation o	f COVID-19 vaccinatio	n organization		
Street address 1: 140 58th Street			Street address	2:	
	ounty:	Brooklyn	State:	NY	_{ZIP:} 11220
87 2 (b) Telephone	Fax:	na dalah dari menganan dan mendan sementan menganan menanan dan dalah dan pengangan pengan dalah da	Account to the second s		
Responsible officers			STEEL HOUSE		
Medical Director (or Equivalent) Informa	ition				
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director	ent lange to reconstruct or the second	Licensure state: NY	Licensure number	300198	
87 2 (b) Telephor		Email: Jonathan.Jim	enez@nychhc.c	org	
Street address 1: 55 Water Street			Street address	2:	
City: New York	ounty:	New York	State:	NY	ZIP: 10041
Chief Executive Officer (or Chief Fiducia	ry) Infor	mation		. !	
Last name: McLeod		First name: Sheldon			Middle initial:
Telephone number:		Email: Sheldon.McL	eod@nychhc.o	rg	
Street address 1: 451 Clarkson Ave		*	Street address	2:	
City: New York	ounty:	Brooklyn	State:	NY	ZIP: 11203

Primary point of contact responsible for receipt of COVID-19 vaccine

Last name: Pod				
	First name:	2010	aya	Middle initial:
87 2 (b) Felephone number:	Email:	podz	Onyo	chhe.org
Secondary point of contact for receipt of		A CONTRACTOR OF THE PARTY OF TH	STANKE	
ast name: End	First name:	more	15	Middle initial:
87 2 (b) Telephone number	Email:	engn	n Z @n	ychhe.org
COVID-19 vaccination organization redis	tribution agree	ment requir	ements	
o redistribute COVID-19 vaccine, constituent products, a	and ancillary supplies i	to secondary site	s, this organization	on agrees to:
. Sign and comply with all conditions as outlined in the	e CDC COVID-19 Vacci	nation Program	Provider Agreem	ent.
 Ensure secondary locations receiving redistributed Co conditions in the CDC COVID-19 Vaccination Program 			, or ancillary supp	olles also sign and comply with all
 Comply with vaccine manufacturer instructions on co which will be updated to include specific information locations. 				
 Document and make available any rrecords of COVID requested, including dates and times of redistribution Neither CDC nor state, local, or territorial health departments a 	n, sending and receiving	ng locations, lot	numbers, expirat	on dates, and numbers of doses.
By signing this form, I understand this is an agreement immunization program. I also certify on behalf of myse and all the practitioners, nurses, and others associated agreement requirements listed above and understand	elf, my medical practice with this Organization my Organization and	e, or other legal e n that I have read I are accountable	entity with staff a d and agree to the e for compliance	uthorized to administer vaccines, cOVID-19 vaccine redistribution
compliance with the terms of this Redistribution Agreed Program and criminal and civil penalties under federal related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 134	law, including but not			DC COVID-19 Vaccination
Program and criminal and civil penalties under federal	law, including but not 19.			DC COVID-19 Vaccination
Program and criminal and civil penalties under federal related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 134 Organization Medical Director (or equiv	law, including but not 19.			DC COVID-19 Vaccination
Program and criminal and civil penalties under federal related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 134 Organization Medical Director (or equiv	law, including but not 19. ralent)			DC COVID-19 Vaccination U.S.C. § 3729 et seq., and other
Program and criminal and civil penalties under federal related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1344 Organization Medical Director (or equivalent teams: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	law, including but not 19. alent) First name:	t limited to the Fo	alse Claims Act, 3	DC COVID-19 Vaccination U.S.C. § 3729 et seq., and other
Program and criminal and civil penalties under federal related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349 Organization Medical Director (or equivalent teath and the control of th	law, including but not 19. alent) First name:	t limited to the Fo	alse Claims Act, 3	DC COVID-19 Vaccination U.S.C. § 3729 et seq., and other



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.

Volly full, dispulctured vials can be transported	ed and must follow <u>safe transport guidelines</u> for coll	u-chain integrity.		
	RELEASING FACILITY INFORMATION	ON		
Releasing Facility Location Name and Address, Including Brooklyn Army Terminal Test and Trace 140 58th Street, Bro	•	COVID Pin #: enter pin a CV1114	# here	
Facility Contact Name: enter here Chris Keeley		Date of submission: xx/ 01/14/21	/xx/xx	
Contact Email: enter email Chris.Keeley@nychhc.org		Contact Phone #: enter p 87 2 (b)	ohone number Extension:	enter extension if applicabl
R	ECEIVING FACILITY INFORMATION: Complete for e	ach site receiving vaccine	e from your inventory	
TO (Receiving Facility/Provider Location Name NYC Health + Hospitals/Kings County - 451 Clarkson A		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
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)			l	Click or tap to enter a date.
Justification (explain in detail the reason for re-distributi	هه، 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

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>



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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 ONL	Y VTrckS ID:		
Brooklyn Army Terminal Test and	Trace	Unique COVID-19 Organiz	ation ID (from Sectio	n A):	
Primary address and contact info	rmation	of COVID-19 vaccinatio	n organization	1	
Street address 1: 140 58th Street			Street address	2:	
City: New York	County:	Brooklyn	State:	NY	ZIP: 11220
87 2 (b) Telephone	Fax:				
Responsible officers					
Medical Director (or Equivalent) Info	rmation				
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number	300198	
Telephone: 87 2 (b)	-4	_{Email:} Jonathan.Jim	enez@nychhc.		
Street address 1: 55 Water Street			Street address	i 2:	-
City: New York	County:	New York	State:	NY	ZIP: 10041
Chief Executive Officer (or Chief Fidu	iciary) Info	rmation			
Last name: McLeod		First name: Sheldon			Middle initial:
Telephone number 87 2 (b)			Leod@nychhc.c	org	
Street address 1: 451 Clarkson Ave			Street address	s 2:	
City: New York	County	Brooklyn	State	NY	7IP: 11203

Primary point of contact responsible for r (if different than medical director listed above,	eceipt of COVID-19 vaccine	
Last name: IQbal	First name: Nasir	Middle initial:
87 2 (b) Telephone number:	Email: 19,00rn@r	lychnc.org
Secondary point of contact for receipt of (COVID-19 vaccine	
Last name: $A A A A A A A A A A A A A A A A A A A$	First name: Sebastia V	n Middle initial: alapaH@nychhc
Telephone number	Email: SEDUS 11 av.	urapatiengenne
COVID-19 vaccination organization redist	ribution agreement requirements	
To redistribute COVID-19 vaccine, constituent products, and	d ancillary supplies to secondary sites, this organ	ization agrees to:
1. Sign and comply with all conditions as outlined in the C	CDC COVID-19 Vaccination Program Provider Agr	eement.
Ensure secondary locations receiving redistributed COV conditions in the CDC COVID-19 Vaccination Program P	•	supplies also sign and comply with all
Comply with vaccine manufacturer Instructions on cold which will be updated to include specific information re locations.	•	
 Document and make available any rrecords of COVID-1 requested, including dates and times of redistribution, Neither CDC nor state, local, or territorial health departments are 	sending and receiving locations, lot numbers, ex	piration dates, and numbers of doses.
By signing this form, I understand this is an agreement be immunization program. I also certify on behalf of myself, and all the practitioners, nurses, and others associated we agreement requirements listed above and understand my compliance with the terms of this Redistribution Agreeme Program and criminal and civil penalties under federal law related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.	my medical practice, or other legal entity with st ith this Organization that I have read and agree i y Organization and I are accountable for complia ent may result in suspension or termination from w, including but not limited to the False Claims A	aff authorized to administer vaccines, to the COVID-19 vaccine redistribution ince with these requirements. Non- the CDC COVID-19 Vaccination
Organization Medical Director (or equival	ent)	
Last name: Jimenez	First name: Tonatuan	Middle initial:
87 2 (b) Signature:	Date: 1/14/2(and a second
Chief Executive Officer (chief fiduciary rol		
Last name: McCEOD	First name: SHELDON	Middle initial:
87 2 (b) Signature:	Date: 11142	***

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



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 INFORMAT	TION	20 And 10	Section 1 and 1 an
Releasing Facility Location Name and Address, Inclu Brooklyn Army Terminal Test and Trace 140 58th Street		COVID Pin #: enter pin CV1114	# here	
Facility Contact Name: enter here Chris Keeley		Date of submission: xx, 01/14/21	/xx/xx	<u> </u>
Contact Email: enter email Chris.Keeley@nychhc.org		Contact Phone #: enter p 87 2 (b)	phone number Extension:	enter extension if applicable
	RECEIVING FACILITY INFORMATION: Complete for	each site receiving vaccin	e from your inventory	
TO (Receiving Facility/Provider Location Na NYC Health + Hospitals/Lincoln - 234 East 149th S	ame and Address, Including County and contact) StreetBronx, New York 10451	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer
To (Location) NYC Health + Hospitals/Lincoln	Contact Name and Email Nasir Iqbal - iqbarn@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYG Health + Hospitals/Lincoln	Nasır Iqbal - iqbarn@nychhc.org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
To (Location) NYC Health + Hospitals/Lincoln	Nasir Iqhal - iqharn@nychhc org	CV1015	Moderna #100	Click or tap to enter a date. 01/14/21
Justification (explain in detail the reason for re-distr	ibution): Equipment Failur	Description of the second of t		

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)4/21

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>



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.



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		经 外的特别的 的复数	经过的基础		开始 经通过基本证明
Organization/facility name:		FOR OFFICIAL USE ON	ILY VTrckS ID:		
Brooklyn Army Terminal Test and	Unique COVID-19 Organization ID (from Section A):				
Primary address and contact inf	ormation	of COVID-19 vaccination	on organizatioı	n	
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	a de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición del		The same of the sa		
Medical Director (or Equivalent) Info	ormation				
Last name: Jimenez		First name: Jonathan			Middle initial:
Title: Medical Director		Licensure state: NY	Licensure number	. 300198	3
Telephone: 87 2 (b)		_{Email:} Jonathan.Jim	nenez@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 Fide	ıciary) İnfo	rmation			
Last name: McLeod		First name: Sheldon		<i>-</i>	Middle initial:
Telephone number: 87 2 (b)		Email: Sheldon.Mcl	Leod@nychhc.c	org	
Street address 1: 451 Clarkson Ave			Street address	i 2:	
City: New York	County:	Brooklyn	State:	NY	_{ZIP:} 11203

(if different than medical director list							
Last name: SOMOSKI-BA	Davich First name: Sheila	Middle initial:					
87 2 (b) Telephone number	Email: Brokaus @	Drychhc.org					
Secondary point of contact for re-	ceipt of COVID-19 vaccine						
Last name: ROO	First name: Prempro						
87 2 (b) Telephone numbe	Email: raopran	ychhe.org					
COVID-19 vaccination organization	on redistribution agreement requirements						
To redistribute COVID-19 vaccine, constituent p	roducts, and ancillary supplies to secondary sites, this orga	nization agrees to:					
1. Sign and comply with all conditions as outl	lned in the CDC COVID-19 Vaccination Program Provider Ag	reement.					
Ensure secondary locations receiving redist conditions in the CDC COVID-19 Vaccinatio	tributed COVID-19 vaccine, constituent products, or ancillar n Program Provider Agreement.	supplies also sign and comply with all					
	tions on cold chain management and CDC guidance in CDC nformation related to COVID-19 vaccine, for any redistribution						
requested, including dates and times of rec	s of COVID-19 vaccine redistribution to secondary sites to jui distribution, sending and receiving locations, lot numbers, ex partments are responsible for any costs of redistribution or equipment	piration dates, and numbers of doses.					
immunization program. I also certify on beha and all the practitioners, nurses, and others o agreement requirements listed above and un compliance with the terms of this Redistribut		taff authorized to administer vaccines, to the COVID-19 vaccine redistribution ance with these requirements. Non- o the CDC COVID-19 Vaccination					
Last name: Timenez	, First name: Jongathan	Middle initial:					
87 2 (b) Signature:	Date: 1/14/2						
Chief Executive Officer (chief fide	uciary role)						
Last name: 87.2 (b)	First name: SHELDON	Middle initial:					
87 2 (b) Signature:	Date:	>= 2A_					
Requirements incorporated by reference; refer to www.	este supuluaceinus/hen/admin/storage, handling html						



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 Brooklyn Army Terminal Test and Trace 140 58th Street, Br	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 7 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) NYC HEALTH + HOSPITAL/ QUEENS - 82-68 164th Street, Jamaica, NY 11432		Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer		
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-Brecavich 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

2 114/2/ 114/2/

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Document ID: 0.7.1219.5350

From: Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

To:

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

Cc: Jimenez, Jonathan

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=4c877afb2f2d49a68eda9c336496

1c58-jimenez, jona>; Goldenberg, Shifra

</o>
</o>
corpnychhc/ou=exchange administrative group

(fydibohf23spdlt)/cn=recipients/cn=a7b7803fec53444faf6896be1130 4272-goldenberg, s>; Huang, Alan </o>corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=924fda46457748ada99a41e8f3e0

d29a-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)

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



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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.

FROM BAT TO WOODHULL Redistribution Guidance 1.23.21-signed.pdf for Printed Item: 100 (Attachment 1 of 1)



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 Suk			mission: xx/xx/xx		
Facility Contact Name and email: enter here			2 (b) nter phone number Extension: enter if applicable				
RECEIVING	FACILITY INFORMATION: Complete on	ne row for	each site receiving v	accine from	your invento	ory	
			Receiving Provider COVID PIN #		cturer and 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 \square		
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.	
				Check if 2 nd	Doses 🗌		
Receiving Facility Location Name and Address (including County)	Contact Name and Email					Click or tap to enter a date.	
				Check if 2 nd	Doses 🗌		
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated ir	n accorda	nce with state guideli	nes):			

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:

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 Organizatio	on ID (from Section A):	
Primary address and conta	ct information of (COVID-19 vaccination	organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivale	nt) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state: Li	censure number:	
2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Ch	ief Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
. (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
City:	County:		State:	ZIP:

FROM BAT TO WOODHULL Redistribution Guidance 1.23.21-signed.pdf for Printed Item: 100 (Attachment 1 of 1)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact re (if different than medical direct	sponsible for receipt of COVID-19 vaccine ctor listed above)	
Last name:	First name:	Middle initial:
2 (b)	Email:	
Secondary point of contact	for receipt of COVID-19 vaccine	
Last name:	First name:	Middle initial:
2 (b)	Email:	
COVID-19 vaccination orga	nization redistribution agreement requireme	ents
To redistribute COVID-19 vaccine, cons	stituent products, and ancillary supplies to secondary sites, this	s organization agrees to:
1. Sign and comply with all condition	ns as outlined in the CDC COVID-19 Vaccination Program Provio	der Agreement.
•	ing redistributed COVID-19 vaccine, constituent products, or a accination Program Provider Agreement.	ncillary supplies also sign and comply with all
• •	er instructions on cold chain management and CDC guidance in specific information related to COVID-19 vaccine, for any redist	5
requested, including dates and tin	rrecords of COVID-19 vaccine redistribution to secondary site nes of redistribution, sending and receiving locations, lot numl I health departments are responsible for any costs of redistribution or equ	bers, expiration dates, and numbers of doses.
immunization program. I also certif and all the practitioners, nurses, and agreement requirements listed abou compliance with the terms of this Re	nis is an agreement between my Organization and CDC, implen by on behalf of myself, my medical practice, or other legal entity d others associated with this Organization that I have read and we and understand my Organization and I are accountable for a edistribution Agreement may result in suspension or termination alties under federal law, including but not limited to the False C 01, 1035, 1347, 1349.	with staff authorized to administer vaccines, dagree to the COVID-19 vaccine redistribution compliance with these requirements. Non-on from the CDC COVID-19 Vaccination
Organization Medical Dire	ctor (or equivalent)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (ch	ief fiduciary role)	
Last name:	First name:	Middle initial:

Date:

09/29/20

Signature:

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \,\underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Document ID: 0.7.1219.5348

Keeley, Chris </o=corpnychhc/ou=exchange From:

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Bcc.

Subject: RE: (SXK) 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: (SXK) 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; muccinop@nychhc.org; DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: RE: (SXK) 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: (SXK) 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: (SXK) 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: Lacavo. Chris < Chris.Lacavo@nvchhc.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

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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



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 reallocation, 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.

FROM BAT TO ELM Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 102 (Attachment 2 of 4)



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 Sub		mission: xx/xx/xx	
Facility Contact Name and email: enter here	87 2	#: enter	phone numb	er Extension :	enter if applicable
RECEIVING	FACILITY INFORMATION: Complete one row fo	or each site receiving v	accine from	your invento	ory
		Receiving Provider COVID PIN #		cturer and 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	
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.
			Check if 2 nd	Doses 🗌	
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.
			Check if 2 nd	Doses	
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in accord	ance with state guidel	ines):		

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:

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 Organiza	tion ID (from Section A):	
Primary address and contact	t information of (COVID-19 vaccination	n organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivalen	t) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
37 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Chie	ef Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
87 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
	,			

FROM BAT TO ELM Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf for Printed Item: 102 (Attachment 2 of 4)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respo (if different than medical director	onsible for receipt of COVID-19 vaccine rlisted above)	
Last name:	First name:	Middle initial:
2 (b)	Email:	
Secondary point of contact fo		
Last name:	First name:	Middle initial:
2 (b)	Email:	
COVID-19 vaccination organiz	cation redistribution agreement requireme	ents
To redistribute COVID-19 vaccine, constitu	ent products, and ancillary supplies to secondary sites, this	s organization agrees to:
1. Sign and comply with all conditions as	outlined in the CDC COVID-19 Vaccination Program Provide	der Agreement.
2. Ensure secondary locations receiving r conditions in the CDC COVID-19 Vaccin	redistributed COVID-19 vaccine, constituent products, or an nation Program Provider Agreement.	ncillary supplies also sign and comply with all
	structions on cold chain management and CDC guidance in ific information related to COVID-19 vaccine, for any redist	
requested, including dates and times of	cords of COVID-19 vaccine redistribution to secondary site of redistribution, sending and receiving locations, lot number the departments are responsible for any costs of redistribution or equal the departments are responsible for any costs of redistribution or equal the departments.	pers, expiration dates, and numbers of doses.
immunization program. I also certify on and all the practitioners, nurses, and oth agreement requirements listed above a compliance with the terms of this Redist Program and criminal and civil penaltie related federal laws, 18 U.S.C. §§ 1001, 1		with staff authorized to administer vaccines, agree to the COVID-19 vaccine redistribution compliance with these requirements. Non-
Organization Medical Directo	or (or equivalent)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (chief	fiduciary role)	
Last name:	First name:	Middle initial:

Date:

09/29/20

Signature:

 $^{^{1}\}textit{Requirements incorporated by reference; refer to} \underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

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 t 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



Document ID: 0.7.1219.5344

From: Russo, Christopher

(fydibohf23spdlt)/cn=recipients/cn=3c1d71db4c7d45cbb8490a44c9e7

26a3-christopher r>

To:

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

Cc: McMillan, Adrienne

(fydibohf23spdlt)/cn=recipients/cn=1e02ffb0a21a41e5b81a153bc1c1 ad19-mcmillan, adr>; Lewis, Michelle </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=lewism9.nychhc.org>;

Fiebert, Lee </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=de80582cdaf74e07a53714209039

5085-fiebert, lee>; Suri, Tarun </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=98a71a5d32a642ee9de02d2ce624 ea85-suri, tarun>; Kwong, Jeffrey </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=db0939f68a2648b2ae74359595d0 a2b9-kwong, jeffre>; Muccino, Paul </o>corpnychhc/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

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. guarantee approval. Providers must NOT redistribute vaccine prior to receiving approval. Submit this form with all fields completed to CovidVaccineRedistribution@health.ny.gov. 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 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				
(eleasing Facility Location Name and Address (including County):	Releasing Provider COVID PIN #:	_	Date of Submission: xx/xx/xx	
VYC Health + Hospitals/Gotham Health, Cumberland	CV1061	03/01/21		
acility Contact Name and email: enter here	Contact Phone #: enter	Contact Phone #: enter phone number Extension: enter if applicable ⊖ ⊖ ⊖ ⊖ ⊖ ⇔	enter if applicable	
RECEIVING FACILITY INFORMATION: Complete one row for each site receiving vaccine from your inventory	or each site receiving va	accine from your invento		
	Receiving Provider COVID PIN #	Manufacturer and # of Doses	Target date of transfer	
Receiving Facility Location Name and Address (including County) Contact Name and Email NYC Health + Hospitals/Gotham Health. East New York - 2094 Anthony Kanu - kanua3@nychhc.org	CV1062	Moderna # 100	Click or tap to enter a date.	
		Check if 2 nd Doses	03/02/21	
Receiving Facility Location Name and Address (including County) Contact Name and Email			Click or tap to enter a date.	
		Check if 2 nd Doses		
Receiving Facility Location Name and Address (including County) Contact Name and Email			Click or tap to enter a date.	
		Check if 2 nd Doses		
listification (explain in detail the reason for re-distribution and the target population to be vaccinated in accordance with state guidelines):	lance with state guideli	nes):		

To support vaccination demand for expansion of vaccine eligibility

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 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 Disease Control, and such facility's Memorandum of Understanding Regarding COVID-19 Vaccine Administration executed with the NYS Department of Health. Date: 03/01/21 Digitally signed by Christopher Russo Date: 2021.03.01 18:16:56 -05'00' Signature: Christopher Russo

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:	FOR OFFICIAL USE ONLY	VTrckS ID:	
NYC Health + Hospitals/Gotham Health, Ca	Unique COVID-19 Organizatio	n ID (from Section A):	
Primary address and contact information of	of COVID-19 vaccination o	organization	
Street address 1: 100 North Portland Avenue		Street address 2:	
City: New York 1 County:	Brooklyn	State: NY	ZIP: 11205
87 2 (b) Telephon Fax:			
Responsible officers			
Medical Director (or Equivalent) Information			
Last name: Russo	First name: Christopher		Middle initial:
Title: Director of Pharmacy	Licensure state: NY Licensure	censure number: 042378	
87 2 (b)	Email: RussoC@nychh	c.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) Info	rmation		
Last name: Lewis	First name: Michelle		Middle initial:
Telephone number: 87 2 (b)	Email: LEWISM9@ny	chhc.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 responsib (if different than medical director listed	le for receipt of COVID-19 vaccine tabove)	
Last name: Russo	First name: Christopher	Middle initial:
Telephone number: 87 2 (b)	Email: RussoC@nychhc.org	
Secondary point of contact for rece	ript of COVID-19 vaccine	
Last name: Kanu	First name: Anthony	Middle initial;
87 2 (b) Telephone number:	Email: kanua3@nychhc.org	
COVID-19 vaccination organization	redistribution agreement requirements	
To redistribute COVID-19 vaccine, constituent pro-	ducts, and ancillary supplies to secondary sites, this organiz	atlon agrees to:
1. Sign and comply with all conditions as outline	ed in the CDC COVID-19 Vaccination Program Provider Agree	ement.
Ensure secondary locations receiving redistrib conditions in the CDC COVID-19 Vaccination P	outed COVID-19 vaccine, constituent products, or ancillary s Program Provider Agreement.	upplies also sign and comply with all
	ns on cold chain management and CDC guidance in CDC's Normalism related to COVID-19 vaccine, for any redistribution	
requested, including dates and times of redist	COVID-19 vaccine redistribution to secondary sites to Juriso ribution, sending and receiving locations, lot numbers, exp tments are responsible for any costs of redistribution or equipment to	iration dates, and numbers of doses.
immunization program. I also certify on behalf of and all the practitioners, nurses, and others asso agreement requirements listed above and unde compliance with the terms of this Redistribution Program and criminal and civil penaities under related federal laws, 18 U.S.C. §§ 1001, 1035, 13	•	ff authorized to administer vaccines, the COVID-19 vaccine redistribution ce with these requirements. Non- the CDC COVID-19 Vaccination
Organization Medical Director (or	equivalent)	
Last name: BOAKYE	First name: CYNTHIA	Middle initial: G
87 2 (b) Signatu	Date: 2021-03-02)
Chief Executive Officer (chief fiduc	iary role)	
Last name: Lewis	First name: Michelle	Middle initial: $ {\cal B} $
Signature: 87 2 (b)	Date:	

SUBMIT FORM

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

Document ID: 0.7.1219.5341

From: Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Bcc:

Subject: RE: (SXK) 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



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: (SXK) 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; muccinop@nychhc.org; DOH.sm.CovidVaccineRedistribution

<CovidVaccineRedistribution@health.ny.gov>
Subject: RE: (SXK) 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



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: (SXK) 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).



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 <kwongi1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN_MIN <thanm@nycl

<kwongj1@nychhc.org>; Suri, Tarun <surit@nychhc.org>; THAN, MIN <thanm@nychhc.org>;
DOH.sm.CovidVaccineRedistribution <CovidVaccineRedistribution@health.ny.gov>

Subject: (SXK) Brooklyn Army Test and Trace to Multiple NYC H+H sites



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

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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



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?

Governor

- 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 reallocation, 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 <u>NYSDOH Storage and Handling Guidance</u> 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.

FROM BAT TO Bellevue Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 111 (Attachment 1 of 4)



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 Sub		mission: xx/xx/xx	
Facility Contact Name and email: enter here	87 2 (l	Contact Phone # enter	phone numb	er Extension:	enter if applicable
RECEIVING	FACILITY INFORMATION: Complete one row f	or each site receiving v	accine from	your invento	ry
		Receiving Provider COVID PIN #		cturer and 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	
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.
			Check if 2 nd	Doses 🗌	
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.
			Check if 2 nd	Doses	
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in accord	dance with state guidel	ines):		

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:

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 ONL	Y VTrckS ID:	
		Unique COVID-19 Organiza	ation ID (from Section A):	
Primary address and conta	ct information of (COVID-19 vaccinatio	n organization	
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
37 2 (b)	Fax:			
Responsible officers				
Medical Director (or Equivale	nt) Information			
Last name:		First name:		Middle initial:
Title:	Li	censure state:	Licensure number:	
87 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:
Chief Executive Officer (or Ch	ief Fiduciary) Inform	ation		
Last name:		First name:		Middle initial:
87 2 (b)		Email:		
Street address 1:			Street address 2:	
City:	County:		State:	ZIP:

FROM BAT TO Bellevue Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf for Printed Item: 111 (Attachment 1 of 4)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact respon (if different than medical director list	sible for receipt of COVID-19 vaccine sted above)	
Last name:	First name:	Middle initial:
2 (b)	Email:	
Secondary point of contact for r		
Last name:	First name:	Middle initial:
(b)	Email:	
COVID-19 vaccination organizat	ion redistribution agreement requiren	nents
To redistribute COVID-19 vaccine, constituent	products, and ancillary supplies to secondary sites, t	his organization agrees to:
1. Sign and comply with all conditions as ou	ıtlined in the CDC COVID-19 Vaccination Program Pro	vider Agreement.
2. Ensure secondary locations receiving redictions in the CDC COVID-19 Vaccinations	istributed COVID-19 vaccine, constituent products, or ion Program Provider Agreement.	r ancillary supplies also sign and comply with all
	ictions on cold chain management and CDC guidance information related to COVID-19 vaccine, for any red	
requested, including dates and times of re	ds of COVID-19 vaccine redistribution to secondary si edistribution, sending and receiving locations, lot nu departments are responsible for any costs of redistribution or e	mbers, expiration dates, and numbers of doses.
immunization program. I also certify on be and all the practitioners, nurses, and other agreement requirements listed above and t compliance with the terms of this Redistrib	agreement between my Organization and CDC, impl half of myself, my medical practice, or other legal ent s associated with this Organization that I have read a understand my Organization and I are accountable fo ution Agreement may result in suspension or termina nder federal law, including but not limited to the False 15, 1347, 1349.	ity with staff authorized to administer vaccines, and agree to the COVID-19 vaccine redistribution or compliance with these requirements. Non- tion from the CDC COVID-19 Vaccination
Organization Medical Director	(or equivalent)	
Last name:	First name:	Middle initial:
Signature:		
	Date:	
Chief Executive Officer (chief fi		

Date:

09/29/20

Signature:

 $^{{}^{\}scriptscriptstyle 1}\textit{Requirements incorporated by reference; refer to} \, \underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg

Document ID: 0.7.1219.5339

From: Keeley, Chris </o=corpnychhc/ou=exchange

administrative group

(fydibohf23spdlt)/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6

cda3-keeley, chris>

To: DOH.sm.CovidVaccineRedistribution

<covidvaccineredistribution@health.ny.gov>

Cc: Bcc:

Subject: RE: (SXK) 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



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: (SXK) Brooklyn Army Test and Trace to Multiple NYC H+H sites and Bathgate to NYC H+H NC Bronx

87 2 (b)

From: chris koolov@nychho or

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: (SXK) 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



Chris Keeley
Chief Operating Officer
Test and Trace Corps
NYC Health +
Hospitals
7 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: (SXK) 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).



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: (SXK) Brooklyn Army Test and Trace to Multiple NYC H+H sites



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 <qoldenbs1@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

CONFIDENTIALITY NOTICE: The information in this E-Mail may be confidential and may be legally privileged. It is intended solely for the addressee(s). If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on this e-mail, is prohibited and may be unlawful. If you have received this E-Mail message in error, notify the sender by reply E-Mail and delete the message.

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

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



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 reallocation, 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.

FROM BATHGATE TO NCB Redistribution Guidance 1.23.21 New Form CK JJ.pdf for Printed Item: 116 (Attachment 1 of 4)



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	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 #		cturer and 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 🗌				
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.			
			Check if 2 nd	Doses 🗌				
Receiving Facility Location Name and Address (including County)	Contact Name and Email				Click or tap to enter a date.			
			Check if 2 nd	Doses 🗌				
Justification (explain in detail the reason for re-distribution and th	e target population to be vaccinated in accord	lance with state guidel	ines):					

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:

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 Organiza	ntion ID (from Section A):				
Primary address and contact information of COVID-19 vaccination organization							
Street address 1:			Street address 2:				
City:	County:		State:	ZIP:			
37 2 (b)	Fax:						
Responsible officers							
Medical Director (or Equivalent)	Information						
Last name:		First name:		Middle initial:			
Title:	Li	censure state:	Licensure number:				
37 2 (b)		Email:					
Street address 1:			Street address 2:				
City:	County:		State:	ZIP:			
Chief Executive Officer (or Chief	Fiduciary) Inform	ation					
Last name:		First name:		Middle initial:			
87 2 (b)		Email:					
Street address 1:			Street address 2:				
City:	County:		State:	ZIP:			
	<u> </u>						

FROM BATHGATE TO NCB Redistribution Guidance 1.23.21 New Form_CK_JJ.pdf for Printed Item: 116 (Attachment 1 of 4)

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact responsib (if different than medical director listed		
Last name:	First name:	Middle initial:
(b)	Email:	
Secondary point of contact for rece	ipt of COVID-19 vaccine	
Last name:	First name:	Middle initial:
. (b)		
COVID-19 vaccination organization	redistribution agreement requirem	ents
To redistribute COVID-19 vaccine, constituent pro	ducts, and ancillary supplies to secondary sites, th	is organization agrees to:
1. Sign and comply with all conditions as outline	ed in the CDC COVID-19 Vaccination Program Prov	ider Agreement.
Ensure secondary locations receiving redistrib conditions in the CDC COVID-19 Vaccination F	outed COVID-19 vaccine, constituent products, or a Program Provider Agreement.	ancillary supplies also sign and comply with all
• •	ns on cold chain management and CDC guidance rmation related to COVID-19 vaccine, for any redis	
requested, including dates and times of redist	f COVID-19 vaccine redistribution to secondary site tribution, sending and receiving locations, lot num rtments are responsible for any costs of redistribution or equ	nbers, expiration dates, and numbers of doses.
immunization program. I also certify on behalf and all the practitioners, nurses, and others ass agreement requirements listed above and unde compliance with the terms of this Redistribution Program and criminal and civil penalties under related federal laws, 18 U.S.C. §§ 1001, 1035, 13		y with staff authorized to administer vaccines, and agree to the COVID-19 vaccine redistribution or compliance with these requirements. Non- tion from the CDC COVID-19 Vaccination
Organization Medical Director (or	equivalent)	
Last name:	First name:	Middle initial:
Signature:	Date:	
Chief Executive Officer (chief fiduc	iary role)	
Last name:	First name:	Middle initial:

Date:

Signature:

 $^{^{1}\}textit{Requirements incorporated by reference; refer to} \underline{\text{www.cdc.gov/vaccines/hcp/admin/storage-handling.html}}.$

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image001.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image003.jpg

Owner: Keeley, Chris </o=corpnychhc/ou=exchange administrative group (fydibohf23spdlt)

/cn=recipients/cn=be952e94840e45c8ace5c9ba91e6cda3-keeley, chris>

Filename: image005.jpg