STI MEDICATION ADMINISTRATION FORM

To receive publicly funded medication for STI treatment, please complete this form via <u>FAX</u> to CDC Branch, Manitoba Health and Healthy Living at: (204) 948-3044 (secure fax)

<u>OR</u> mail to:
4th Floor - 300 Carlton Street
Winnipeg, MB R3B 3M9

Manitoba

Manitoba Health and Healthy Living

PLEASE PRINT Name of Doctor: _____

Name of Clinic: _____ Date: _____

Please refer to the STI Treatment Guidelines available on the Manitoba Health Communicable Disease Control website for treatment recommendations http://www.gov.mb.ca/health/publichealth/cdc/protocol/stitg.pdf

PHIN (If no PHIN, give MHSC number and date of birth)	Date of Treatment (yyyy/mm/dd)	Gender and Pregnancy Status (Indicate number from list below)	Diagnosis (Indicate number from list below)	Treatment Provided (Indicate number(s) from list below. May list more than one number).	Was laboratory test result available before treatment given? ("Y" for Yes, "N" for No)	If lab result not available initially, was client referred for a lab test? ("Y" for Yes, "N" for No)

Gender and Pregnancy Status
01 = Male
02 = Female, pregnant
03= Female, nonpregnant
04 = Female, pregnancy status unknown

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List of Diagnoses
01 = Suspected gonorrhea or chlamydia in index patient
02 = Suspected gonorrhea or chlamydia in a contact
03 = Lab-confirmed chlamydia in an index patient
04 = Lab-confirmed chlamydia in a contact
05 = Lab-confirmed gonorrhea in an index patient
06 = Lab-confirmed gonorrhea in a contact
07 = Syphilis in an index patient
08 = Syphilis in a contact patient
09 = Pelvic inflammatory disease (PID)
10 = Lymphogranuloma Venereum (LGV)
11 = Chancroid
12 = Other (Please specify in space provided)

List of Treatments
01 = Cefixime 400 mg po, single dose
02 = Azithromycin 1.0 gm po, single dose
03 = Azithromycin 1.0 gm po, once weekly for three weeks
04 = Ceftriaxone 250 mg IM, single dose
05 = Ceftriaxone 125 mg IM, single dose
06 = Ciprofloxacin 500 mg po, single dose
07 = Doxycycline 100 mg po, BID for 7 days
08 = Doxycycline 100 mg po, BID for 14 days
09 = Doxycycline 100 mg po, BID for 21 days
10 = Erythromycin base 500 mg po, QID for 7 days
11 = Erythromycin base 500 mg po, QID for 21 days
12 = Amoxicillin 500 mg po, TID for 7 days
13 = Bicillin (Benzathine penicillin G) 2.4 MU IM single dose
14 = Bicillin (Benzathine penicillin G) 2.4 MU IM once weekly for three weeks
15 = Metronidazole 500 mg po,BID for 14 days
16 = Metronidazole 2 gm po, single dose
17 = Other (Please specify in space provided)