

## TAKE-HOME NALOXONE KIT DISTRIBUTION FORM

### I. REPORTER INFORMATION

DISTRIBUTION SITE CLIENT ID NUMBER (USED FOR ORDERING NALOXONE)	DATE FORM SUBMITTED
IF DISTRIBUTION SITE CLIENT ID NUMBER IS NOT KNOWN, PLEASE PROVIDE SITE NAME, ADDRESS, AND POSTAL CODE	

### II. TAKE-HOME NALOXONE KITS DISTRIBUTED BY SITE

REPORTING YEAR		TOTAL NUMBER OF KITS DISTRIBUTED BY SITE	# KITS REPORTED USED* INDICATE NUMBER OF KITS REPORTED USED EVEN IF AN OVERDOSE / POISONING RESPONSE FORM IS NOT COMPLETED
QUARTER 1	JANUARY		
	FEBRUARY		
	MARCH		
QUARTER 2	APRIL		
	MAY		
	JUNE		
QUARTER 3	JULY		
	AUGUST		
	SEPTEMBER		
QUARTER 4	OCTOBER		
	NOVEMBER		
	DECEMBER		

\* ALL KIT RECIPIENTS WHO REPORT USING A KIT SHOULD BE ASKED IF THEY ARE WILLING TO PROVIDE ANONYMOUS INFORMATION ABOUT THE OVERDOSE/POISONING EVENT (USE THE [OVERDOSE / POISONING RESPONSE FORM](#)). SUBMIT OVERDOSE / POISONING RESPONSE FORMS AS SOON AS POSSIBLE

PLEASE SUBMIT THIS FORM BY THE END OF THE MONTH FOLLOWING EACH QUARTERLY REPORTING PERIOD

SUBMIT BY EMAIL TO [naloxonekits@gov.mb.ca](mailto:naloxonekits@gov.mb.ca) OR FAX TO 204-948-3044