

FORM NUMBER



TAKE-HOME NALOXONE KIT TRACKING FORM

I. REPORTER INFORMATION

1. SITE NAME	2. SITE ADDRESS	
3. POSTAL CODE <small>(A#A #A#)</small>	4. CITY / TOWN	5. PROVINCE / TERRITORY

II. TAKE-HOME NALOXONE KITS DISTRIBUTED BY SITE

6. DATE <small>(YYYY-MM-DD)</small>	7. FIRST KITS	8. USED*	9. LOST	10. STOLEN	11. CONFISCATED	12. EXPIRED	13. OTHER

	INTERNAL USE ONLY

*AN OVERDOSE RESPONSE FORM SHOULD BE SUBMITTED FOR EVERY USED NALOXONE KIT.

PLEASE SUBMIT THIS FORM MONTHLY BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AND SENIORS CARE.