

FORM NUMBER



**TAKE-HOME NALOXONE KIT TRACKING FORM**

**I. REPORTER INFORMATION**

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

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

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

	INTERNAL USE ONLY
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\*AN OVERDOSE RESPONSE FORM SHOULD BE SUBMITTED FOR EVERY USED NALOXONE KIT.

**PLEASE SUBMIT THIS FORM QUARTERLY (JANUARY-MARCH; APRIL-JUNE; JULY-SEPTEMBER; OCTOBER-DECEMBER) BY CONFIDENTIAL FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH, SENIORS AND ACTIVE LIVING.**