

FORM NUMBER



TAKE-HOME NALOXONE KIT TRACKING FORM

I. REPORTER INFORMATION

1. SITE NAME			MHSU USE ONLY		
2. SITE ADDRESS		3. CITY/TOWN/VILLAGE			
4. POSTAL CODE	5. PROVINCE/TERRITORY	6. FORM COMPLETION DATE <small>YYYY-MM-DD</small>			

II. TAKE-HOME NALOXONE KITS DISTRIBUTED BY SITE

7. YEAR <small>YYYY</small>	# FIRST KITS DISTRIBUTED	REPLACEMENT KITS					
		# USED*	# LOST	# STOLEN	# CONFISCATED	# EXPIRED	# OTHER
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTAL							

***AN OVERDOSE RESPONSE FORM SHOULD BE SUBMITTED FOR EVERY USED NALOXONE KIT. THIS FORM SHOULD NOT CONTAIN PERSONAL IDENTIFIERS OF KIT RECIPIENTS.**

PLEASE SUBMIT THIS FORM SEMI-ANNUALLY (JANUARY – JULY, AND AUGUST – DECEMBER) BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH. AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.