

## 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