

Annex 5. Custodian and Patient Reporting Form

UNITED NATIONS HIV POST-EXPOSURE PROPHYLAXIS (PEP) KIT PROGRAM CUSTODIAN AND PATIENT REPORTING FORM

Instructions: The patient should complete Part A and return the filled form to the custodian before the PEP kit is given to the patient. By Completing Part A of this form, I, the patient, confirm that I: **(1)** have read the information provided to me regarding the HIV Post Exposure Prophylaxis kit (the "HIV PEP Kit Information Sheet". **(2)** understand that the HIV PEP treatment is voluntary; **(3)** hereby request and consent that the HIV PEP kit be given and administered as stipulated in the HIV PEP Kit Information Sheet. **(4)** I will follow the treatment plan set out in the HIV PEP Kit Information Sheet ; **(5)** consent to the collection and disclosure of the relevant information, including my personal health information, in relation to the PEP kit, which shall be used exclusively in connection with the HIV PEP Programme and to provide medical care as may be necessary; **(6)** submission of this form constitutes my consent to collecting and disclosing the above-referenced information, which shall be used exclusively for the purposes stated herein.

Part A – TO BE COMPLETED BY PERSON REQUESTING PEP KIT

PATIENT INFORMATION	
Patient Name: (First) :	(Last):
Sex : M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (DD/MM/YY): / /
Organization:	Country/Location/Duty Station:
Email Address:	Staff <input type="checkbox"/> Dependent <input type="checkbox"/> Others <input type="checkbox"/> (Please specify):
	Phone:
PATIENT HISTORY	
Are you HIV positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Not applicable
What is the reason you are requesting this PEP Kit? (Please check all that apply)	<input type="checkbox"/> HIV anti-retrovirals medication <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Morning-after pill
<i>Please remember, all patient information is kept confidential.</i>	
Are able to make a follow up appointment with a treating physician? <i>Note: Scheduling a follow up appointment is very important as additional testing may be recommended</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have been given this kit by a UN doctor

Part B – TO BE COMPLETED BY CUSTODIAN

After completion, please scan both pages and email to dos-dhmosh-hiv@un.org

CUSTODIAN INFORMATION	
Date of submission of this form to DHMOSH at dos-dhmosh-hiv@un.org (DD/MM/YY): ___/___/___	
Date of Issuance of HIV PEP Kit to individual requesting (DD/MM/YY): ___/___/___	
Custodian's Name (First):	(Last):
Custodian's Phone:	Custodian's Email Address:
CONTACT DETAILS OF ATTENDING PHYSICIAN/MEDICAL STAFF (if different from Custodian)	
First Name:	Last Name:
Phone :	Email Address:
NOTE:	
1) It is mandatory to submit this form for every HIV PEP kit issued from your duty station.	
2) All forms must be submitted WITHIN 24 HOURS OF KIT USAGE.	
3) Replacement kits will not be issued to your duty station if reporting forms of previously used kits are not submitted to DHMOSH.	
4) You should inform the patient that his/her treating physician should also submit a detailed Physician assessment form to dos-dhmosh-hiv@un.org	
5) Please inform the patient that after submission of this form to DHMOSH, he/she may get a confidential follow-up contact with a DHMOSH/UN medical staff regarding the HIV PEP kit issued.	

6) All forms and other PEP Guidance documents can be found here: <https://hr.un.org/page/hiv-peg-kit-management>

CUSTODIAN CHECKLIST	
Did the person requesting the PEP take all contents of the kit?	Yes <input type="checkbox"/> No <input type="checkbox"/> If the person requesting the PEP kit did not take all contents, which contents did they take? (Please check all that apply) <input type="checkbox"/> HIV antiretrovirals medication <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Morning-after pill <input type="checkbox"/> No kit was given
Have you referred the person requesting the PEP kit to make an appointment with a UN physician?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____
Have you informed the person requesting the PEP kit that they may get follow up call/email from DHMOSH?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____

**PLEASE SUBMIT BOTH PAGES OF THIS FORM WITHIN 24 HOURS of
ISSUANCE OF THE HIV PEP KIT TO DHMOSH PUBLIC HEALTH SECTION**

AT:

dos-dhmosh-hiv@un.org
