

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 to the custodian before PEP kit is given to the patient. By completing Part A, the patient confirms that 1) he/she has read the guidelines on HIV PEP (found [here](#)); 2) understands that treatment with PEP is voluntary; 3) will comply with all follow-up requirements in the PEP guidelines if the patient agrees to take the prescribed PEP treatment. All custodians should then complete Part B of the form and follow the instructions below.

Part A – TO BE COMPLETED BY PERSON REQUESTING PEP KIT

PATIENT INFORMATION	
Patient Name: (First) :	(Last): Date of Birth (DD/MM/YY): / /
Sex : M <input type="checkbox"/> F <input type="checkbox"/>	Country/Location/Duty Station:
Organization:	Staff <input type="checkbox"/> Dependent <input type="checkbox"/> Others <input type="checkbox"/> (Please specify):
Email Address:	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-pep-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**
