

**PEP USE**

**REPORTING FORM:**

**SUBMIT WITHIN**

**24 HOURS OF**

**USE OF KIT**

---

# UNITED NATIONS HIV POST-EXPOSURE PROPHYLAXIS (PEP) KIT CUSTODIAN REPORTING FORM

Submit completed forms to UN's Division of Healthcare Management and Occupational Safety and Health at [dos-dhmosh-public-health@un.org](mailto:dos-dhmosh-public-health@un.org)

## Dear Custodians of HIV PEP Kits:

- 1) It is **mandatory** to submit this form for every HIV PEP kit issued from your duty station.
- 2) Replacement kits **will not be issued** to your duty station if reporting forms of previously used kits are not submitted to DHMOSH.
- 3) You should inform the patient that her/his **treating physician should also submit a detailed clinical form** ("Patient Registry Form") to [dos-dhmosh-public-health@un.org](mailto:dos-dhmosh-public-health@un.org) (The form can be found under "Reporting of Use" at <https://hr.un.org/page/hiv-pep-kit-management> .
- 4) Please inform the patient that after submission of this form to DHMOSH, he/she may expect a follow-up contact with a UN health care worker regarding the HIV PEP kit issued.

## PATIENT INFORMATION

Date PEP kit issued to patient (DD/MM/YY): \_\_\_ / \_\_\_ / \_\_\_ Country/Location/Duty Station: \_\_\_\_\_

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_ / \_\_\_ / \_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  M  F

Organization: \_\_\_\_\_ Department: \_\_\_\_\_  Staff  Dependent  Others (pls specify): \_\_\_\_\_

## CUSTODIAN INFORMATION

Date this form is submitted by the Custodian to [dos-dhmosh-public-health@un.org](mailto:dos-dhmosh-public-health@un.org) (DD/MM/YY): \_\_\_ / \_\_\_ / \_\_\_

Custodian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Custodian's Phone: \_\_\_\_\_ Custodian's Email Address: \_\_\_\_\_

### *Contact details of Treating Physician / Medical Staff (if different from Custodian):*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_