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

**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 (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 (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: __________________________