COMBINED REPORT AND REQUISITION FORM (CRRF) - Antiretroviral and OIs

Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Period Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Period End:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/No** | **Drugs** | **Basic Unit** | **Beginning Balance** | **Quantity Received** | **Quantity Dispensed** | **Losses and Adjustments** | | **Ending Balance (Physical Count)** | **Maximum Stock Quantity** | **Quantity to Order** | **Remarks** |
|  | **A** | **B** | **C** | **Positive** | **Negative** | **E** | **F=Cx3** | **G=F-E** |  |
| 1 | TLD 300/300/50mg | 30 |  |  |  |  |  |  |  |  |  |
| 2 | TLD 300/300/50mg | 90 |  |  |  |  |  |  |  |  |  |
| 3 | TLD 300/300/50mg | 180 |  |  |  |  |  |  |  |  |  |
| 4 | TLE300/300/600mg | 30 |  |  |  |  |  |  |  |  |  |
| 5 | TL 300/300mg | 30 |  |  |  |  |  |  |  |  |  |
| 6 | LPVr 200/50mg | 120 |  |  |  |  |  |  |  |  |  |
| 7 | ATVr 300/100mg | 30 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
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|  | Pediatric | | | | | | | | | | |
|  | ABC|3TC 60/30mg |  |  |  |  |  |  |  |  |  |  |
|  | LPV/r 100/25mg |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Other Medicines | | | | | | | | | | |
|  | Co-trimoxazole 120mg |  |  |  |  |  |  |  |  |  |  |
|  | Co-trimoxazole 480mg |  |  |  |  |  |  |  |  |  |  |
|  | Co-trimoxazole 960mg |  |  |  |  |  |  |  |  |  |  |
|  | isoniazid 300 mg |  |  |  |  |  |  |  |  |  |  |

Report Prepared by: (Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Report Approved by: (Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_