

ARV and TEST KIT REQUISITION FORM

Papua New Guinea National Department of Health

1) Please remember, when submitting orders YOU MUST:

2) Submit the "Monthly Data Collection Sheet" (including total number of patients on each regimen) when requesting ARVs;

3) Submit the "VCT Monthly Summary Sheet" when requesting Test Kits;

4) Indicate your Current Stock On Hand of ARVs or Test Kits, monthly consumption and IF the order is non-regular.

FROM (Clinic/Hospital Name): RUMUINAE RURAL HOSPITAL						Date: 31/8/2015					
Add: PO Box 41, Kungu, WP						Ph: 73012013		Fax:		Email: doctor@rumuinae.org	
Drug	Strength/Dosage	Abbreviation	Units Per Pack	Issue Units	Stock On Hand	Expiry Date	Monthly Used	Quantity Approved	Quantity Issued	Check	
ARVs											
Adult 1st Line											
Efavirenz Tablets	600mg	EFV	30s	Bott	11	6/16	2				
Lamivudine Tablet	150mg	3TC	60s	Bott							
Lamivudine + Tenofovir	300 + 300	3TC + TDF		Bott							
Nevirapine Tablets	200mg	NVP	60s	Bott	18	9/16	3				
Tenofovir + Lamivudine + Efavirenz	300+300+600mg	TDF+3TC+ EFV	60s	Bott	36	6/16	14				
Tenofovir + Lamivudine + Nevirapine	300+300+200mg	TDF+3TC+ NVP		Bott	0		2				
Tenofovir + Lamivudine Tablet	300+300	TDF+3TC	60s	Bott	16	12/16	2				
Tenofovir Tablets	300mg	TDF	30s	Bott							
Zidovudine Tablets	300mg	AZT	60s	Bott							
Zidovudine Capsules	100mg	AZT	60s	Bott							
Zidovudine + Lamivudine+Nevirapine	300+150+200mg	AZT+ 3TC+NVP	60s	Bott	10	5/16	2				
Zidovudine + Lamivudine	300+150mg	AZT + 3TC	60s	Bott	4	5/17	1				
Adult 2nd Line											
Abacavir Tablets	300mg	ABC	60	Bott							
Didanosine Tablets	250mg	DDL		Bott							
Didanosine Tablets	400mg	DDL		Bott							
Lopinavir/Ritonavir Tablet	200/50mg	LPV/r	120s	Bott							
Pediatric 1st line											
Lamivudine Tablets	10mg/ml		240mls	Bott							
Zidovudine + Lamivudine + Nevirapine	30+50+60mg	AZT+3TC+NVP	60s	Bott	3	11/15	2				
Zidovudine Syrup	10mg/ml		240mls	Bott	4	6/17	1				
Zidovudine+ Lamivudine	30+60mg	AZT+3TC+EFV	60s	Bott	6	11/15	1				
Nevirapine Syrup	10mg/ml	3TC	240mls	Bott	14	9/15	1				
Tenofovir Tablets	150mg	TDF	30s	Bott							
Tenofovir Tablets	200mg	TDF	30s	Bott							
Tenofovir Tablets	250mg	TDF	30s	Bott							
Efavirenz Tablets	200mg	EFV	30s	Bott	4	2/17					
Pediatric 2nd line											
Abacavir Tablets	60mg	ABC	60s	Bott							
Abacavir oral sulphate	20mg/ml	ABC oral	240mls	Bott							
Lopinavir/Ritonavir Tablets	100+25mg	LPV/r									
Lopinavir/Ritonavir Oral Solution	100mg/ml	LPV/r	100mls	Bott							
OI Drugs											
Acyclovir Tablets	200mg		25	Bott	8	6/17	2				
Azithromycin Tablets	500mg		100	Bott	1	11/7	1				
Ciprofloxacin Tablets	250mg		120	Bott	0		2				
Ciprofloxacin Tablets	500mg		100	Bott	0		2				
Cotrimoxazole Oral Suspension	240mg		60ml	Bott			10				
Cotrimoxazole Tablets	480mg		100	Bott							
Cotrimoxazole Tablets	960mg		100	Bott	0	0	10				
Ceftriaxone Powder	500mg		50 vials	Bott	50	2/16	50				
Fluconazole Oral Suspension	10mg/ml		50ml	Bott	6	2/16	2				
Fluconazole Tablets	100mg		100	Bott							
Fluconazole Tablets	200mg		100	Bott	1	3/16	1				
Ganciclovir Cymevene	500mg/vial		1 vial	vials							
Isoniazid Tablets	100mg		100	Bott	0		4				
Tetracycline Eye Ointment 1%	1%		5g	tube							
Plumpy Nuts											
Kits											
Determine HIV 1/2 (100 Test)			(100 test)	pkt	2	3/16	2				
StatPak HIV 1/2			(20 test)	pkt	0		2				

Requesting officer, please sign and date:

Name and Designation Dr Sharon Brandon

Signature

Date 31/8/15

Authorising Officer:

Supply Authorised Signature

Date:

Co-note Number(s)

Receiving Officer: Dispatch Officer:

Date: Date:

Fax Completed Form To 301 3753/325 7172

Any Queries, please call 301 - 3733/325 3764/3013751

HIV TEST KIT REQUISITION FORM

Please remember, when submitting orders YOU MUST:

- 1) Submit a completed "SURV1: HIV Monthly Testing Summary" AND "CD4 testing Monthly Summary" for the past month.
- 2) Indicate on this form your current "Stock On Hand" of all test kits and other supplies;
- 3) After receiving your order, please indicate quantity received in last column and fax or email to Logistics Unit.

Folio No.

FROM (Clinic/Hospital Name): *Rumonge Rural Hospital*DATE: *3 September 2015*

Laboratory Test Kits/Reagents	Issue Units	Stock On Hand	Qty Required	Quantity Amended	Quantity Issued	Check	Quantity Received
HIV Test Kits and Bundles				FOR AMS USE ONLY			
Determine HIV 1/2 (100 test) with buffer	pkt						
Statpak HIV 1/2	pkt						
Immuno comb HIV 1/2 (100 test)	pkt						
Microplates (U plates)	box						
Serodia HIV 1/2 (55 x4)	pkt						
DBS Bundles for HIV QA	box						
BD FACSCount Reagents							
CD4 Reagents	pkt						
CD4 Controls	pkt						
FACS Sheath Fluid (OSMOSOL) (20Litres)	cont						
FACS Clean	cont						
BD FACS Rinse 5L	cont						
BD FACSCount Thermal Paper	Roll						
Pipet tips (20ul-200ul)	pkt	0	2				
Purple tube (EDTA)	box	1	2				
PIMA CD4 Test Reagents/Consumables							
PIMA Reagents	box						
PIMA Control Standard Beads	box						
PIMA Printer Paper Roll	roll						
PIMA consumable bundles	box						
EID Consumables							
DBS Bundles for Early Infant Diagnosis test	box						
DBS Bundles for Viral Load	box						

Requesting officer (please add name, designation, contact number, signature and date):

<i>Dr Sharon Brandon</i>		
Name and Designation		
<i>[Signature]</i>	<i>3/9/15</i>	<i>73012013</i>
Signature	Date	Contact No

Authorising Officer (Please sign and add date, dispatching officer to also add co-note number):

For AMS Use Only

Supply Authorised	Date	Dispatching Officer	Date

TNT Connote Number

FAX COMPLETED FORM TO 3013753/3257172

Any queries, please call 3013751/ 71906173

TOTAL CUMULATIVE ART SHEET - CHILDREN & ADULT HIV/AIDS PROGRAM - LOGISTICS & SUPPLY

ART Site Name

RUMAINAE RURAL HOSPITAL

Reporting Officer:

Dr. SHARON BRANDON

Months Report:

AUGUST 2013

New Registration

1

New on ART

0

New on TB with ART

0

Transfer in this month

0

Transfer out his month

0

Deaths this month

0

By- Passer this month

0

Cumulative Report

Total Registration

37

Total on TB with ART

5

Total Transfers Ins

3

Total Deaths

6

Total Defaults

0

Total By-Passers

1

Cumulative Report per Regimen

Regimen	Clinic	Transfer In	Transfer Out	Deaths	Defaults	Total Alive on ART
D4T/3TC/NVP						2
AZT/3TC/NVP	2					
D4T/3TC/EFV						1
AZT/3TC/EFV	1					
OTHERS (2 ND LINE)					1	13
TDF/3TC/EFV	14					1
ZDV/3TC/EFV	1					1
Para ZDV/3TC/NVP	1					2
TDF/3TC/NVP	2					
TOTAL	21				1	20