

# Guidelines for the Management of Exposures to Blood and Body Fluids

Appendix 4 – HIV PEP Kit Replacement Form

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2017 05 09

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Please see the following pages for the HIV PEP Kit Replacement Form.

DO NOT COPY

## HIV PEP Kit Replacement

**Please complete for all HIV PEP kits used  
and/or expired medications.**

Addressograph (or provide details below)

This information is collected for invoicing purposes and for replacement of HIV PEP kits. For more information, please refer to The Guidelines for the Management of Exposures to Blood and Body Fluids, Saskatchewan Ministry of Health at <https://www.ehealthsask.ca/services/Manuals/Pages/hiv-guidelines.aspx>.

**NOTE:** Replacement medications or kits will not be released without all the information below.

<b>Health Region:</b>	<b>Site/Facility:</b>
<b>Type:</b> <input type="checkbox"/> 3 day kit <input type="checkbox"/> 6 day kit (2x3 day kits)	
<b>Replacement for expired medication: (Please indicate expiry dates of both <i>medications</i>)</b> Combivir® with expiry date of: _____ Kaletra® with expiry date of: _____	
<b>PEP kit used on (date):</b>	<b>Exposure Date:</b>
<b>Exposed Person Name:</b>	
<b>Date of Birth (DD/MM/YYYY):</b>	<b>Health Card Number:</b>
<b>Exposure Category:</b> <input type="checkbox"/> Non-Occupational <input type="checkbox"/> Occupational	

Physician/Nurse Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**After completion:**

- **FAX Page 1 to** (306) 787-9576 - Saskatchewan Ministry of Health.
- **FAX Page 2 to** (306) 655-6388 - Manufacturing Area, RUH Pharmacy, Saskatoon.

**Please press hard for multiple copies.**

**REMOVE AND COMPLETE FORM  
BEFORE DISPENSING KIT**

## HIV PEP Kit Replacement

**Please complete for all HIV PEP kits used and/or expired medications.**

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**NOTE: Replacement medications or kits will not be released without all the information below.**

<b>Health Region:</b>	<b>Site/Facility:</b>
<b>Type:</b> <input type="checkbox"/> 3 day kit <input type="checkbox"/> 6 day kit (2x3 day kits)	
<b>Replacement for expired medication: (Please indicate expiry dates of both <i>medications</i>)</b> Combivir® with expiry date of: _____ Kaletra® with expiry date of: _____	
<b>PEP kit used on (date):</b>	<b>Exposure Date:</b>
<b>Exposure Category:</b> <input type="checkbox"/> Non-Occupational <input type="checkbox"/> Occupational	

Physician/Nurse Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**After completion:**

- **FAX Page 1 to** (306) 787-9576 - Saskatchewan Ministry of Health.
- **FAX Page 2 to** (306) 655-6388 - Manufacturing Area, RUH Pharmacy, Saskatoon.

RUH USE ONLY	
<i>Attach shipping label here:</i>	<b>Date/Time Shipped:</b> <b>COMBIVIR 150/300</b> <b>KALETRA 200/50</b>