

Guidelines for the Management of Exposures to Blood and Body Fluids

Appendix 4 – HIV PEP Kit Replacement Form

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

DO NOT COPY



Please complete Sections 1 & 2 for all HIV PEP kits used or Section 2 only for expired medications.

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

Addressograph (or provide details below)

SECTION 1	Exposed Person Name:	
	Date of Birth (DD/MM/YYYY):	Health Card Number:

SECTION 2	Site/Facility:	Health Area:
	Exposure Category: <input type="checkbox"/> Non-Occupational <input type="checkbox"/> Occupational	OR: <input type="checkbox"/> Expired Kit/Contents
	Replacement for expired medication: (Please indicate expiry dates of <i>both</i> medications) emtricitabine-tenofovir disoproxil® with expiry date of: _____ dolutegravir® with expiry date of: _____	
	PEP kit used on (DD/MM/YYYY):	Exposure Date (DD/MM/YYYY):
	Physician/Nurse printed name:	Contact Number:
	Physician/Nurse Signature:	

PEP KIT SERIAL #: PEP-XXX

REMOVE AND COMPLETE FORM

BEFORE DISPENSING KIT

SECTION 3	RUH USE ONLY	
	Attach shipping label here:	Date/Time Shipped: ____ emtricitabine-tenofovir disoproxil® ____ dolutegravir®

EMAIL COMPLETED FORM TO PEPKITS@SASKHEALTHAUTHORITY.CA