STATEMENT OF DRUGS ADMINISTERED

This form must be submitted by a facility to the West Virginia Division of STD and HIV prior to distribution of drugs by the Division to the facility. The information provided on this form will be reconciled with the Division's Central Registry.

Codes for clinic type: FP = Family Planning Clinic  STD = STD Clinic

Codes for indication of treatment: S = Signs/Symptoms   C = Contact   P = Positive Lab

<table>
<thead>
<tr>
<th>Patient Name (Last, First)</th>
<th>Type</th>
<th>Diagnosis</th>
<th>Indication</th>
<th>Drug Name</th>
<th>Dose</th>
<th>Tx Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please Complete:

Name of Facility: ____________________________
Address of Facility: ____________________________
Telephone Number: ____________________________
Fax Number: ____________________________
Person Authorized to Order Drugs: ____________________________
Signature: ____________________________
Date Submitted: ____________________________

Division Use:
Date Order
Processed:
Initials: ____________________________

WV Division of STD, HIV, Hepatitis and Tuberculosis
350 Capitol Street, Room 125
Charleston, WV 25301-3715
Send order to: (304) 558-6478 or wvstd@wv.gov

Date Last Updated: 1/3/23