

## 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

	Patient Name (Last, First)	Type		Diagnosis	Indication			Drug Name	Dose	Tx Date
		FP	STD		S	C	P			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

**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  
 Phone: (304) 558-2195 Fax: (304) 558-4744

Date Last Updated: 3/4/22