Post Exposure Prophylaxis Order Form
for all RHA's except WRHA

Manitoba Health
Public Health

Supplied by Tache Pharmacy
Fax: (204) 231-1739 Phone: (204) 233-3469

Date of Order: ____ / ____ / _____
mm dd yyyy

Facility Ordering: _____ Physician Ordering: _____

Phone number: _____ Fax number: _____

Facility to Receive Drugs: _____

Address: _____ Phone #: _____

_____ Fax #: _____

When needed. If no specific date indicated, assume 4-5 days delivery. _____

Type of Kit	Re-Order Quantity Reason for re-order	Tache Pharmacy Use Only
ADULT BASIC KIT (Combivir®)	# Requested ____ Used Kit Expired Kit	Combivir® Lot # _____ Exp _____
ADULT EXPANDED KIT (Nelfinavir plus Combivir®)	# Requested ____ Used Kit Expired Kit	Combivir®Lot # _____ Exp _____ Nelfinavir Lot # _____ Exp _____

For exposed pediatric patients consultation with a Pediatric ID Specialist is required.

Pediatric Orders: _____

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Please refer to the Integrated Post Exposure Protocol for information on managing blood and body fluid exposures @ http://www.gov.mb.ca/health/publichealth/cdc/fs/ipep.pdf

Order Form Revised December 19, 2005