

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Facility Issuing Register for Condoms, Lubricants, Needles and Syringes and HIV Self Testing Kits

DIC/Facility Name: _____ Facility (MFL) Code: _____

County: _____ Sub-County: _____

Period Beginning: _____ Ending: _____
(Day/Month/Year) (Day/Month/Year)

Unit of Issue				
Balance B/F <i>(In Units)</i> (A)				
Quantity Received <i>(In Units)</i> (B)				
Stock on Hand (Balance B/F plus Quantity Received) <i>(In Units)</i> (C = A + B)				
Date	UIC/Client no.	Issued to(PE/ORW/Clinician)		Name of Issuing Officer
		Name	Signature	
				Total Quantity Dispensed <i>(In Units)</i> (D)
				Losses <i>(In Units)</i> (E)
				Positive adjustments <i>(In Units)</i> (F)
				Negative adjustments <i>(In Units)</i> (G)
				Balance C/F <i>(In Units)</i> (H)

Condoms and Lubricants			Needles and Syringes		HIV ST
Male Condoms	Female Condoms	Personal Lubricant Water Based 4ml	NSP KIT 1 (1ml Syringe + Water for Injection, Cooker)	NSP KIT 2 (5ml Syringe + Water for Injection, Cooker)	HIV Self Testing Kits
Pieces	Pieces	Tubes	Kit	Kit	Kit