



Hepatitis and Harm Reduction Program Monthly Report Cover Sheet

This Monthly Report Cover Sheet and supporting documents must be submitted to the NMDOH Hepatitis and Harm Reduction Program (HHRP) by the 10th of each month following services*.

- Forms must be submitted electronically (email is listed on the inventory form) – except invoices:
 - PHOs should use the [secure] email system or FTP (if the office has access to it):* and,
 - Community Partners/non NMDOH offices should submit through the FTP server system.
 - Community Partners should still submit a hard-copy with original signature of the invoice
- **Reminder: please DO NOT SEND** anything which may have Personal Health Information (PHI) through email, **unless** it is sent through the [secure] NMDOH email, or through the HIPAA secure FTP server.

***Note:** local PHOs may need to send forms/paperwork electronically to the Health Educator in the region by the 5th of each month in order for them to submit to the program by the 10th. Please check with them directly.

Include these items with the monthly report. Please separate by type of form and scan them in the following order - items are required if those services were conducted at the location. The Excel files should be attached separately. Remember to check for accuracy, legibility, and ability to see all information - before sending to the program):

- Monthly Report Cover Sheet (this form)
- Current Inventory
- Dropbox Maintenance Log (if a dropbox is utilized at the location)
- Biohazard pick-up receipt for Harm Reduction – keep original on file
- Any new signs or educational material (must be approved before use) – name of item: _____
- Rapid HCV Test Result Log Forms (these are HIPAA – send secure!)

Excel Files:

- Syringe Services Electronic Combined Enrollment and Daily Log Form
- Naloxone Electronic Enrollment and Record of Use Form

Contractors only:

- Invoice – checking this box indicates a paper copy has been sent to the program:
 NMDOH Hepatitis and Harm Reduction Program
 1190 St. Francis Drive - Suite South 1300
 Santa Fe, NM 87502

Total number of HCV Tests administered	
Syringe Service:	
Total number of syringes collected (Daily Logs)	
Total number of syringes dispersed	
Number of syringes estimated from dropbox	
Total number of syringe service enrollments	
Total number of syringe service exchanges	
Overdose Prevention/Naloxone Distribution:	
Number of naloxone enrollments	
Number of naloxone records of use	
Total number of naloxone doses dispensed	

Use this space (or attach a separate page) for additional comments, notes, information on collaborative outreach, or program and staffing updates. ***Note:** any program schedule changes must be approved by the HHRP in advance of implementation:

Name of Individual Submitting report (please print): _____ Date: _____

Agency or Office Name (no acronyms, please): _____

Syringe Service Inventory and Supply Orders

E-mail all supply orders to the HHRP: Dominick.Zurlo@state.nm.us

In addition, email the appropriate individual(s) as listed here based on where you obtain your supplies:

Santa Fe: Dominick.Zurlo@state.nm.us (as listed above)

Albuquerque: AHCH Harm Reduction Program at abqhch@gmail.com

Roswell PHO: Chris.Morehkaash@state.nm.us

Las Cruces PHO: Roxanne.Grajeda@state.nm.us

Requested By (Print Name):				
Agency/PHO Name:				
Contact Telephone:				
Contact Email address:				
Current Inventory	Units	Item	Amount Requested	Amount Distributed
	500/cs	½ cc syringes 28 g		
	500/cs	1 cc syringes 28 g		
	100/cs	Fit Pack		
	20/cs	1.5 qt SHARPS Cont.		
	6/cs	7.5 gal SHARPS Cont. (only if location has a drop-box)		
	5/cs	18/19 gal DOT SHARPS Cont.		
	250/bx	Tourniquet		
	36/bx	Chore Boy (copper scrubbies)		
	100/bx	Medical gloves - Medium		
	100/bx	Medical gloves - Large		
	1,000/bx	Mouthpieces		
	1,000/bx	Cookers		
	2,000/bx	Twist ties (sandwich bag ties)		
	1lb/bag	Cotton (please order as ¼#, ½#, ¾#, or 1# bag)		
	200/bx	Alcohol Preps		
	144/bx	Antibiotic Ointment		
	100/bx	Laminating pouches		
	1000/bx	2"x2" zip bags		
	2lb/bx	Ascorbic Acid (please order as ¼, ½, ¾ or 1 bx)		
	10/bx	Rescue breathing facemask		
	100/bx	Lungs (for rescue breathing mannequins)		
	1/bx	"Grippers"		
	1/bx	Laminator		
		Other (be specific with units being requested):		

Please visit our Website: <http://nmhealth.org/about/phd/idb/hrp/>

For office use only:
Approval by Hepatitis and Harm Reduction Program Manager or Designee: _____ Date: _____
Received by: _____ Date: _____