

Annexure I

Monthly vaccine return for Anti Rabies Post Exposure Therapy

Name of the institution .....

Year.....Month.....

1.	<b>Patient Immunization</b>					
	Type of immunization	No of vials used				
1.1	<b>Anti Rabies Serum</b>					
	ERIG					
	HRIG					
1.2	<b>Anti Rabies Vaccine</b>					
1.2.1	<b>Intradermal</b>	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	4 <sup>th</sup> dose	5 <sup>th</sup> dose
	2 site schedule (2-202-0-2)					
	4 site schedule (4-2-2-0-2)					
1.2.2	<b>intramuscular</b>					
	5 dose schedule (1-1-1-1-1)					
	Minor exposure schedule (2:1:1)					

2	<b>Movement of ARV and RIG</b>	<b>ARV</b>	<b>Rabies Immunoglobulin (RIG)</b>	
			<b>ERIG</b>	<b>HRIG</b>
				300 IU
2.1	Number of vials available at the beginning of the month			
2.2	Number of vials received during the month			
2.3	Number of vials consumed during the month			
2.4	Number of vials available at the end of the month			

3	Number of patients where PET was not initiated according to treatment guideline	
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 Signature of nursing officer in charge  
 Name.....  
 Designation.....  
 Date.....

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 Signature of the Medical Officer in charge  
 Name.....  
 Designation.....  
 Date.....