

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Administration for HIV Policy and Programs
Inventory Log



Date _____
 Name _____
 Organization _____
 Telephone _____
 Email _____
 Organization Type (See codes below) _____

Quarter Q1 Q2 Q3 Q4
 Estimated Annual Usage _____
 Estimated Quarterly Usage _____
 Number of devices received on initial/last order _____

Inventory Log	Q1			Q2			Q3			Q4		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Estimated Monthly Device Usage:												
1. No. of devices on hand ^a												
2. Number of tests used this Month ^b												
3. Monthly supply rate (#1 / #2) ^c												
4. Order? ^d	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

^a Sum the number of available OraQuick Advance test devices distributed through the HIV testing distribution program at the end of each month. Write answer in corresponding cell.

^b Input in the corresponding cell the monthly usage:

^c At the end of each month, divide the number of available devices by the monthly usage. Write answer in corresponding cell.

^d If the answer in the above cell is ≤ 3 , circle Y and order another 3-month supply of OraQuick Advance test kits. If answer is > 3 , circle N and do not place an order.

Organization Codes:

HIV/CTS: **01** STD Clinic: **02** Drug Treatment: **03** Family Planning: **04** Prenatal/OBO Office: **05** TB Clinic: **06** Prison/Jail: **07**
 Community Sponsored Health Event: **08** Primary Physician: **09** Hospital ER: **110** Hospital Labor and Delivery: **111**
 Hospital Other : Specify _____: **112** Other, Specify _____: **113** Community Health Clinic: **114**

