**Naloxone Product Verification Form**

University of Charleston School of Pharmacy

2300 MacCorkle Avenue SE

Charleston, West Virginia 25304

|  |  |
| --- | --- |
| Name of Entity (Organization) | |
| Name of Contact (Last, First) | Position with Organization (e.g., health officer, etc.) |
| Name of Responsible Party | Credentials/License Number |
| Contact Phone  ( ) | Contact Email |
| Location (If multiple shipping addresses) | |

Number of Units (2 doses/unit) ordered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Units (2 doses/unit) received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Top of Form

Each case contains naloxone (Narcan) 4mg nasal spray (each case should be opened and verified correct product is contained within the case). Yes No

Image of the cases and product must be scanned and emailed to the University of Charleston at [lindsayacree@ucwv.edu](mailto:lindsayacree@ucwv.edu).

By signing this verification of product, you are hereby assuming responsibility for the product as described in the “Naloxone STR and PDO Grant Agreement.”

Bottom of Form

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Printed Name of Recipient/Responsible Party WV License Number (Physician or Pharmacist)

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Signature of Recipient/ Responsible Party Date

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Signature of UC Representative Date