

NALOXONE SURVEY FORM

DATE OF REQUEST:

FNAME:

LNAME:

TITLE:

AGENCY:

PHYSICAL ADDRESS1:

PHYSICAL ADDRESS2:

CITY/STATE/ZIP:

COUNTY:

TELEPHONE:

EMAIL:

Number of Dual-Kit, Intra-Nasal Naloxone your organization can reasonably distribute/utilize within the next six months:

Number of Intra-Muscular Naloxone doses your organization can reasonably distribute/utilize within the next six months:

Does your organization already have a source (Foundation, Distributor, Vendor) to purchase Naloxone? YES NO

Is your organization already distributing/utilizing Naloxone? YES NO

If YES, whose Standing Order are you operating under?

Will your organization need training or technical assistance? YES NO

Please email this form to University of Maine Naloxone Project:

um.naloxone@maine.edu

Or

Mail to: Naloxone Request C/O
Margaret Chase Smith Policy Center
University of Maine
5784 York Complex #4
Orono, ME 04469-5784

Note: SAMHS is in the preliminary stages of identifying and documenting the need for additional Naloxone within the State of Maine. Your completion of this survey will help us establish an efficient distribution system. Our intention is to supplement, not supplant, existing inventories of Naloxone statewide.