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| REPUBLIQUE DU CAMEROUN  PAIX - TRAVAIL - PATRIE  …………. |  | REPUBLIC OF CAMEROON  PEACE – WORK – FATHERLAND  …………. |
| MINISTERE DE LA SANTE PUBLIQUE  …………… | MINISTRY OF PUBLIC HEALTH  …………… |
| SECRETARIAT GENERAL  ………….. | SECRETARIAT GENERAL  …………... |
| **DIRECTION DE LA PHARMACIE DU MEDICAMENT ET DES LABORATOIRES**  **……………** | **DIRECTION OF PHARMACY DRUGS AND LABORATORIES**  **……………** |

**SUPPORT DE COLLECTE MENSUEL DES DONNEES SUR LA DISPONIBILITE DES PRODUITS PHARMACEUTIQUES AU NIVEAU REGIONAL (CAPR/FRPS)**

1. **Informations générales**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Période : Mois (………………………………) du\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_au\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Région: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nom de la structure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **SITUATION PRODUITS TRACEURS**

|  | **Désignation (Nom en DCI, dosage, forme et présentation)** | **Stock au Début de la période** | **Entées (achat et dons) au cours de la période** | **Pertes (vol, périmés, avaries)** | **Consommation totale de la période** | **Stock Disponible et Utilisable** | **Date de péremption** | **Nombre de Mois de stocks disponibles** | **Nombre de jours**  **de rupture pendant la période** | **Observations** |
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| **ANTIRETROVIRAUX** | | | | | | | | | | |
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| **MEDICAMENTS DES INFECTIONS OPPORTUNISTES (MIO)** | | | | | | | | | | |
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| **TESTS DE DEPISTAGE RAPIDE HIV1/2 ET REACTIFS** | | | | | | | | | | |
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| **INTRANTS PTME** | | | | | | | | | | |
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| **ANTITUBERCULEUX** | | | | | | | | | | |
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| **ANTIPALUDIQUES** | | | | | | | | | | |
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| **STUPEFIANTS** | | | | | | | | | | |
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| **PSYCHOTROPES** | | | | | | | | | | |
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| **CONTRACEPTIFS** | | | | | | | | | | |
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**Fait à\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ le\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Les responsables de la structure**

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| **Noms et prénoms** | **Fonction et contacts** |
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