



Diflucan[®] Partnership Program

Progress Report and Order Form

Instructions

To order a re-supply of Diflucan through the Diflucan Partnership Program you must first complete the following progress report on use of your last donation. After you have finished the report, you may proceed to place an order.

When you are finished, please email your completed form to Direct Relief at DiflucanPartnership@directrelief.org.

If you have any questions about completing the form, please contact the Diflucan Partnership Program Administrator by email: DiflucanPartnership@directrelief.org or call Direct Relief-South Africa at +27 (11) 351 1287.

For more information about the Diflucan Partnership Program and resources that are available for your program, please visit www.DiflucanPartnership.org.

Technical Note*

To read, edit and save your data in this form, you must use version 8 or later of the free Adobe Reader software.

Visit <http://get.adobe.com/reader/> to download the most current version. Data will not be saved properly if you use a version older than 8 and your request will be delayed.

Part 1: Contact Details

Organization Name

Street Address 1

Street Address 2 P.O. Box

City Country

Telephone Email

Primary Contact Person

Title First Name Last Name

Position

Street Address 1

Street Address 2 P.O. Box

City Country

Telephone Email 1

Mobile Telephone Email 2

Part 2: Reporting Period

Date of submission for this report (DD/MM/YYYY)

Last Order

Date last donation was received at your facility: (DD/MM/YYYY)

This Report

Please indicate the time period during which the last order was utilized:

From (DD/MM/YYYY)

*This should be the end date of the **Previous** reporting period.*

To (DD/MM/YYYY)

*This should be the end date of the **Current** reporting period.*

Part 3: Program Scale

Number of sites that received Diflucan in the last donation:

List of Active Sites

Please submit a list of active sites in the Diflucan Partnership Program with this progress report. Request a Site List Template from Direct Relief, or provide the list in Excel Spreadsheet.

The minimum details must be provided: Site Name, Level of Facility, Region, District, Town/Village.

Part 4: Product Usage

Please report on the distribution and use of Diflucan products during the period covered by this report. Enter data from all facilities that received product during this reporting period.

PRODUCT DESCRIPTION	UNIT	IN STOCK FROM PREVIOUS REPORTING PERIOD	QUANTITY RECEIVED	DISTRIBUTED TO SITES	USED	EXPIRED/LOST/DAMAGED*	REMAINING IN STOCK
Diflucan® 200mg tablets 28 tabs per bottle	Tabs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diflucan® Vial (IV) 2mg/ml in 100ml bottle	Bottle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diflucan® Pediatric Oral Suspension (POS) 50mg/ml in 35ml bottle	Bottle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please explain any lost, damaged, or expired products. You may also use this space to comment on the quantities listed above:

Part 5: Quantitative Outcomes

Please provide the following information on the estimated total number of adults and children treated during the reporting period for esophageal candidiasis (EC) and cryptococcal meningitis (CM). Include both acute CM and CM on maintenance.

	ADULTS	CHILDREN	TOTAL
Number of HIV-positive patients	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of acute CM patients treated	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of patients treated for CM on maintenance therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of EC patients treated	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6: Comments

Please include any other comments related to your program's implementation or performance that you think may be relevant:

Report Checklist

- Part 1: Contact Details, page 3**
This section is complete if you have provided the contact information of the person completing this form and the institution receiving Diflucan.

- Part 2: Reporting Period, page 3**
This section is complete if you have provided a time period during which the last order was utilized.

- Part 3: Program Scale, page 4**
This section is complete if you have listed (or provided in a separate file, for large-scale distribution operations) the sites receiving Diflucan.

- Part 4: Product Usage, page 4**
This section is complete if you have fully reported the quantity of Diflucan product used since the time of your last order, and reported the reason for any lost, damaged, or expired products.

- Part 5: Quantitative Outcomes, page 5**
This section is complete if you have provided information about the number of adults and children which were treated for cryptococcal meningitis and esophageal candidiasis.

- Part 6: Comments, page 5**
Optional. Completing this section may help Direct Relief better understand your program.

- NEXT: Order Products**
Thank you for completing the Progress Report. If you would like to place an order, proceed to the Order Form on the next page. If you do not require any Diflucan at this time, please save your completed form and email it, along with any related documentation, to Direct Relief at DiflucanPartnership@directrelief.org .



Part 1: Request Products

Request quantity of Diflucan needed for treatment of your patients with cryptococcal meningitis and esophageal candidiasis. You may wish to view the _____ or the _____ in the Appendices of this form (pages 13-14).

Number of months during which the requested products will be used:

PRODUCT DESCRIPTION	UNIT	QUANTITY
Diflucan® 200mg tablets 28 tabs per bottle	Bottle	<input type="text"/> = <input type="text"/> tablets
Diflucan® Vial (IV) 2mg/ml in 100ml bottle	Bottle	<input type="text"/>
Diflucan® Pediatric Oral Suspension (POS) 50mg/ml in 35ml bottle	Bottle	<input type="text"/>

Program Scale

Total number of sites that will receive Diflucan in this order:

Please explain the rationale for the requested quantities of Diflucan. Use the text box below or attach any files that you think may help us better understand your projected product needs.

Part 2: Shipping Information

IMPORTANT! Please enter all information carefully, as it will be used on the shipping documents.

Ship-To Party/Consignee (Mandatory)

The Ship-to Party/Consignee is the entity that takes physical possession of the donated product at the airport of entry and is responsible for the customs clearance and arranging transportation to the recipient facility.

Organization Name	<input type="text"/>		
Street Address 1	<input type="text"/>		
Street Address 2	<input type="text"/>	P.O. Box	<input type="text"/>
City	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

Shipping Contact Person

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Position	<input type="text"/>				
Street Address 1	<input type="text"/>				
Street Address 2	<input type="text"/>	P.O. Box	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>		
Telephone	<input type="text"/>	Email 1	<input type="text"/>		
Mobile Telephone	<input type="text"/>	Email 2	<input type="text"/>		
Preferred International Airport of Entry	<input type="text"/>				

Part 2: Shipping Information (continued)

IMPORTANT! Please enter all information carefully, as it will be used on the shipping documents.

Notify Organization (Optional)

Only complete this section if you have a notify party in addition to the Ship-to Party/Consignee. The Notify Party will receive the original shipping documents in lieu of the Ship-To Party.

Organization Name

Street Address 1

Street Address 2 P.O. Box

City Country

Telephone Email

Notify Contact Person

Title First Name Last Name

Position

Street Address 1

Street Address 2 P.O. Box

City Country

Telephone Email 1

Mobile Telephone Email 2

Part 2: Shipping Information (continued)

Required Documents

The following documentation will be provided with every shipment:

1. Commercial Invoice
2. Packing List
3. Certificate of Gift Donation
4. Certificate of Analysis
5. Certificate of Origin
6. Airway Bill

Note: All Documents are in English

Please indicate if additional **documents** are required by the customs authority in your country:

Please indicate if additional **instructions** are required by the customs authority in your country:

Part 3: Terms and Conditions

These terms and conditions apply to all donated Diflucan®, whether donated by the Diflucan Partnership Program, donated directly by Pfizer Inc., or donated by a designee of Pfizer.

Diflucan supplied to your program should be used solely to treat the opportunistic fungal infections cryptococcal meningitis and esophageal candidiasis in HIV/AIDS patients treated in your program in accordance with approved product labeling or in accordance with the World Health Organization (WHO) Treatment Guidelines for Opportunistic Infections. To the extent that the Guidelines provide for the use of Diflucan to treat these infections in any way that is different from the approved labeling for the donated product, you or the treating physicians who elect to follow these Guidelines are solely responsible for such use. This product is for the exclusive use in the treatment of the ill, needy, or infants and is restricted to the two fungal opportunistic infections noted. Donated Diflucan is only for use under the terms of the Diflucan Partnership Program, and is not for resale. Donated Diflucan shall only be used for the treatment of these infections in the ill, needy, or infants.

You will be responsible for managing your inventories of Diflucan, including ensuring that the product is stored in a secure locked facility, distributed, dispensed, and used in accordance with regulatory requirements and storage requirements set forth in the product labeling. You are also required to create an auditable record of its use. You agree to submit periodic progress reports and, upon reasonable request, to provide the Diflucan Partnership Program with additional information regarding use of Diflucan by your program or institution. You may be subject to audit by an independent auditor engaged by Pfizer, or a designee of Pfizer, at any time during your participation in the Program.

Availability of Diflucan under the program is subject to regulatory approval in the destination country before importation. In circumstances where Diflucan is not registered, your program should be able to request temporary registration or importation. In addition, you will take title to the donated Diflucan upon delivery and you should assist with custom clearance of the donated Diflucan, including paying any taxes, levies, or other fees. Direct Relief will make available to you the necessary donation certificate that will facilitate your obtaining tax exemptions whenever applicable.

Please ensure that your healthcare workers prescribing or dispensing Diflucan attend training programs offered by government or non-governmental organizations to facilitate the appropriate use of donated Diflucan. Visit www.DiflucanPartnership.org to download interactive training modules that can be used as a self-training or incorporated into established training curriculums. You agree that you will vigorously attempt to prevent, detect, and promptly report on any theft or diversion of Diflucan to:

Diflucan Partnership Program
Direct Relief-South Africa
Phone: +27 (11) 351 1287
Email: DiflucanPartnership@directrelief.org

In the case that you experience any event that could be associated with the safety of Diflucan, you must promptly report it to Direct Relief and provide any requested information to document the event.

I have read and I agree to the terms and conditions of this offer.

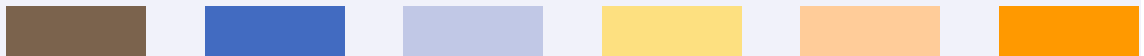
Save and Send

Thank you for your Progress Report and Order.

Please save the form and email it and any related documentation to Direct Relief at DiflucanPartnership@directrelief.org.

The Diflucan Partnership Program Administrator at Direct Relief will contact you by email within 5 business days to confirm receipt of your report and order and request any clarifications that are needed.

Once approved, Direct Relief will provide the shipping documentation and will advise of the estimated departure time for your donation.



Appendix A: Drug Needs Estimate

The packaging of the Diflucan® products is the following:

- 200mg tablets, 28 tablets per bottle, 24 bottles per carton
- IV vials, 100 ml, 2mg/ml, individually packed with carton and leaflet
- Pediatric oral suspension (POS), 35ml-50mg/5ml, 12 bottles per carton

Table 1:

Estimate of Diflucan® units required per adult CM patient expected to be treated in the next six months

Adult CM Drug Needs Estimate: 6 Months

NO. OF PATIENTS	IV VIALS	TABLETS
10	4	1,115
20	8	2,230
50	20	5,575
75	30	8,363
100	40	11,150
500	200	55,750
1,000	400	111,500
2,000	800	223,000
5,000	2,000	557,500
10,000	4,000	1,115,000

Table 2:

Estimate of Diflucan® units required per adult EC patient expected to be treated in the next 6 months

Adult EC Drug Needs Estimate: 6 Months

NO. OF PATIENTS	IV VIALS	TABLETS
10	1	133
20	2	266
50	5	665
75	8	998
100	10	1,330
500	50	6,650
1,000	100	13,300
2,000	200	26,600
5,000	500	66,500
10,000	1,000	133,000

Table 3:

Estimate of Diflucan® units required per pediatric CM or EC patient expected to be treated in the next 6 months

Pediatric CM and EC Drug Needs Estimates: 6 months

NO. OF PATIENTS	CM POS BOTTLES	EC POS BOTTLES
10	175	9
20	350	18
50	875	45
75	1,313	68
100	1,750	90
500	8,750	450
1,000	17,500	900
2,000	35,000	1,800
5,000	87,500	4,500
10,000	175,000	9,000

Appendix B: WHO Treatment Guidelines for CM and EC

INDICATION	DOSAGE
CM acute phase (adult)-tablets	400mg daily for 70 days
Severe CM acute phase (adults)-IV	400mg daily for 2 days then follow with tablets
CM maintenance (adult)-tablets	200mg daily for life
CM acute (pediatric)-POS	6mg/kg/day for 56 days
CM maintenance (pediatric)-POS	3mg/kg/day for 309 days
Esophageal candidiasis (adults)-tablets	200mg daily for 14 days
Severe EC (adults)-IV	200mg for 1 day then follow with tablets
Esophageal candidiasis (pediatric)-POS	3mg/kg/day for 7 days