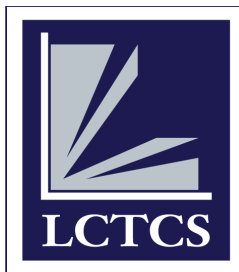


Appendix B



**QUARTERLY
REPORT FORM**

Directions: This report must be submitted by a member college to the LCTCS Board Office at the end of each quarter (April 3, July 3, October 3, and January 3 for Q1-Q4 respectively). If a member college does not have any Naloxone administrations in a quarter, the college is still required to submit a quarterly report reflecting zero administrations and the other requested data.

COLLEGE NAME	NAME OF PERSON SUBMITTING REPORT
DATE OF REPORT AND QUARTER REPORTING (Q1, Q2, Q3, OR Q4)	EMAIL ADDRESS OF PERSON SUBMITTING REPORT
NUMBER OF NALOXONE ADMINISTRATIONS IN THE QUARTER	NUMBER OF NALOXONE TREATMENT KITS AVAILABLE AT THE COLLEGE AT BEGINNING OF THE QUARTER
NUMBER OF NALOXONE TREATMENT KITS AVAILABLE AT THE COLLEGE AT END OF THE QUARTER	NUMBER OF NALOXONE KITS REPLACED DURING THE QUARTER

SUBMIT QUARTERLY REPORTS TO DR. AMBER BLAIR
AMBERBLAIR1@LCTCS.EDU

**ATTACH ALL NALOXONE INCIDENT REPORTS FOR THE QUARTER
EVEN IF PREVIOUSLY SUBMITTED INDIVIDUALLY**