Drug Shop STOCK CARD for Co-Artem YELLOW

Drug Shop Name: _____   **Drug Shop ID (DSID):**_____

Drug Shop Vendor Name:_____   **Drug Shop Vendor ID (DSVID):**_____

Parish:_____   **Village:**_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature

Drug Shop STOCK CARD for Co-Artem Blue

Drug Shop Name: _____

Drug Shop ID (DSID):_____

Drug Shop Vendor Name:_____

Drug Shop Vendor ID (DSVID):_____

Parish:_____

Village:_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature

Drug Shop STOCK CARD for Co-Artem Orange

Drug Shop Name: _____   **Drug Shop ID (DSID):**_____

Drug Shop Vendor Name:_____   **Drug Shop Vendor ID (DSVID):**_____

Parish:_____   **Village:**_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature

Drug Shop STOCK CARD for Co-Artem Green

Drug Shop Name: _____   **Drug Shop ID (DSID):**_____

Drug Shop Vendor Name:_____   **Drug Shop Vendor ID (DSVID):**_____

Parish:_____   **Village:**_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature

Drug Shop STOCK CARD for Artesunate Suppository

Drug Shop Name: _____   Drug Shop ID (DSID):_____

Drug Shop Vendor Name:_____   Drug Shop Vendor ID (DSVID):_____

Parish:_____   Village:_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature

Drug Shop STOCK CARD for RDTs

Drug Shop Name: _____

Drug Shop ID (DSID):_____

Drug Shop Vendor Name:_____

Drug Shop Vendor ID (DSVID):_____

Parish:_____

Village:_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature

Drug Shop STOCK CARD for Blood Slides

Drug Shop Name: _____   **Drug Shop ID (DSID):**_____

Drug Shop Vendor Name:_____   **Drug Shop Vendor ID (DSVID):**_____

Parish:_____   **Village:**_____

Day/Month/Year	Quantity Received	Quantity Total	Quantity OUT	Expired/Lost/ wastage	Balance	Additional comments	Signature