

## SAMPLE SITE & DRUG PURCHASE RECORD

Name of survey site: \_\_\_\_\_ Date and time of visit: \_\_\_\_\_

Description of location: \_\_\_\_\_

Temperature data logger Location: \_\_\_\_\_ Serial number: \_\_\_\_\_

Photo taken (5): YES  NO

Drug samples collected	Desired quantity	Obtained quantity	QOR reference number	Reason for not obtaining the desired quantity	Brand name	Batch no	Expiry date	Manufacturer, country	Price in Rwf per tabs/vial (if applicable)	Storage conditions according to the manufacturer		Refrigerated (r) / not refrigerated (nr) in original package (op)/out of original package (nop) protected from light (pr) /not protected from light (npr)	1) Thermometer kept with oxytocics? 2) Temperature recorded daily? If yes, please take picture
										Temperature in °C	Relative humidity in %		
Misoprostol 0,2mg tab.	50											(r) <input type="checkbox"/> (nr) <input type="checkbox"/> (op) <input type="checkbox"/> (nop) <input type="checkbox"/> (pr) <input type="checkbox"/> (npr) <input type="checkbox"/>	1) yes <input type="checkbox"/> no <input type="checkbox"/> 2) yes <input type="checkbox"/> no <input type="checkbox"/>
Oxytocin 10 IU	10											(r) <input type="checkbox"/> (nr) <input type="checkbox"/> (op) <input type="checkbox"/> (nop) <input type="checkbox"/> (pr) <input type="checkbox"/> (npr) <input type="checkbox"/>	1) yes <input type="checkbox"/> no <input type="checkbox"/> 2) yes <input type="checkbox"/> no <input type="checkbox"/>

- If samples are taken without original package, please take picture of original package (showing the name, batch number, expiry date, manufacturing date, name / address of manufacturer)!
- Collected samples were replaced: YES  NO  Collected samples were paid for: YES  (Attach receipt!) NO
- Name of sampling person: \_\_\_\_\_ Signature: \_\_\_\_\_
- Name of person responsible for health facility: \_\_\_\_\_ Signature: \_\_\_\_\_

**S1 Fig.** Sample site & drug purchase record.