
Hub and Spoke System Fentanyl Test Strip (FTS) Data Entry Tracking Form

If your organization plans to purchase Fentanyl Test Strips (FTS) using SOR II funds, **you are required to complete and submit this form to AHP along with your invoice on a quarterly basis.** You may also wish to use this form to compile FTS information for your quarterly evaluation data to UCLA because they have added some FTS variables to the dataset.

Please keep good track of your FTS purchase and distribution. DHCS and SAMHSA are very interested in having accurate FTS information as we work together to save lives.

1. Grantee/Organization Name

2. Unique GPRA ID

3. Name of Person Completing the Form

4. Number of FTS Purchased

5. Total Cost of FTS Purchased

6. Date when FTS Purchased

7. Month of FTS Distribution

8. Number of FTS Distributed during month noted above in #7

9. Number of Individuals Served with FTS

10. General location (City/Town and County) where the FTS were distributed

