



SYRINGE SERVICES BIANNUAL REPORT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 62364 (9-2025)

Agency Information

Agency Name	Telephone Number	Reporting Period
Agency Contact	Email Address	
Physical Address	City	Zip

Event Totals

Number Participants Served	Number of New Participants		
Approximate Number of Syringes Collected	Number of Syringes Distributed		
Number of Individuals Referred to Testing Services	Number of Individuals Receiving Testing Services For:		
	HIV	Hepatitis	Chlamydia/Gonorrhea
Number of Individuals Who Received HIV/HCV/STD Education	Number of Doses of Naloxone Distributed		
Number of Condoms Distributed	Number of Individuals Referred to Treatment Services		

Demographic Information—Please report on deduplicated clients served in the reporting period

Gender (specify total number served)					
Male	Female	Unknown	Declined		
Race (specify total number served)					
Black/AA	White	AI/AN	Asian	Native Hawaiian/PI	Other
Unknown	Declined	Hispanic/Latino			
Current Living Status (specify total number served)					
Permanent	Car/Vehicle	Homeless	Shelter	Declined	Other
Substances Used within Last 30 Days (total number, can be multiple per person) * not as prescribed					
Heroin		Methamphetamine/Speed		Crack/Cocaine	
Methadone (not as prescribed)		Suboxone/Subutex *		Prescription Pain Medication *	
Cannabis/Marijuana		Spice		Other	
Number of Clients by County of Residence (ND Counties ONLY – list out of state counties by state only)					
County	Total	County	Total	State	Total
				MN	
				SD	

Progress Report

Please enter your sites goals and objectives that were submitted as part of your application process.

Objective	Target	Current Progress	Progress Narrative

Report To: This report is to be submitted 15 days after the previous reporting period to remain in compliance with reporting requirements. Failure to do so may result in termination of authorization of the program.

January 1 – June 30
July 1 – December 31

Due: July 15
Due: January 15 of the next year

Email: disease@nd.gov
Fax: 701.328.2499