

Medication Death and Incident Review (MDAIR) Act 126

Members of the public should use this form to report any death or incident involving medications for opioid use disorder (MOUD). These medications include methadone, buprenorphine, and naltrexone. All information submitted is privileged and confidential.

Please Reference the Public Guide and Helpful Definitions Document for Assistance in Completing this Form.

* Required

1. Are you submitting information related to a death or incident involving buprenorphine, methadone, or naltrexone?

If your answer is no, please do not submit this form. *

Yes

I don't know

2. Is this information related to a death or incident? *

- Death
- Incident
- I don't know

3. What medication was involved? *

- Buprenorphine
- Methadone
- Naltrexone
- I don't know

4. What is the first and last name of the person this form is about? *

5. What is the date of birth for the person this form is about?

6. What is the age of the person this form is about?

7. What is the date of death or incident?

8. What county did the death or incident occur?

9. What is the biological sex of the person this form is about? *

- Male
- Female
- Intersex
- Unknown

10. What is the race/ethnicity of the person this form is about? *

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- White or Caucasian
- Hispanic/Latino
- Unknown/Other

11. Do you know the program or provider that prescribed the medication? *

- Yes
- No

12. If yes to question 11, please provide all information you have about the program or provider.
If no, please skip to question 13.

13. Please provide any information you would like to share about the death or incident.

14. If we have further questions may we contact you?

Yes

No

15. Your name

You may choose to remain anonymous.

16. Your contact information

You may choose to remain anonymous.