

PHARMACIST ATTESTATION OF REVIEW OF ACT 711 STATEWIDE PROTOCOL

I, _____, attest that I have thoroughly reviewed
First Name, Last Name, Credentials
the Louisiana Statewide protocol establishing the rules a Louisiana-licensed pharmacist shall
follow to dispense and/or administer pre-exposure and post-exposure prophylaxis medications
for the prevention of HIV infection pursuant to Act 711 of 2024 (R.S. 37:1218.2).

Signature

Date