Please complete this form using **BLACK INK** and **BLOCK LETTERS**

D >>> BLOOD DATA FORM

Zaponex Treatment Access System®

This form is used to report blood results of a patient registered with the Zaponex Treatment Access System (ZTAS®) and accompanying Zaponex® (clozapine) dispensing information (if applicable) to the ZTAS.

Patient details

ZTAS PIN

NHS number ___ - ___ - ____

Name FIRST NAME SURNAME

Date of birth DD - MM - YYYY

Patient status ☐ Pre-treatment ☐ On-treatment ☐ Discontinued ☐ Non-Rechallengeable

Monitoring Frequency ☐ Weekly ☐ Fortnightly ☐ 4-weekly

Blood results details

Date of Analysis DD - MM - YYYY

Blood result

White Blood Cell Count ___.___ (x 10^9/L)

Neutrophil Count ___.___ (x 10^9/L)

Eosinophil Count ___.___ (x 10^9/L)

Platelet Count ___ (x 10^9/L)

Reference values blood results (x 10^9/L)

	Green	Amber	Red
WBC	3.5	3.0 /< 3.5	< 3.0
Neutrophils	2.0	1.5 /< 2.0	< 1.5

Continuation of Zaponex treatment is not recommended when the eosinophil count rises above 3.0 x 10^9/L and/or the platelet count falls below 50 x 10^9/L; additional blood monitoring is required.

Result sent by

Name SURNAME

ZTAS User ID: GMC / GPC / PNI / Other *

* Please circle appropriate

Date DD - MM - YYYY

Signature

Zaponex dispensing Information (if applicable)

Dispense date DD - MM - YYYY

Number of tablets dispensed ___ Zaponex 25 mg ___ Zaponex 100 mg

Daily Dosage ___.___ mg

Name SURNAME

ZTAS User ID: GMC / GPC / PNI / Other *

* Please circle appropriate

Date DD - MM - YYYY

Signature

Please fax this form to ZTAS on 0207 3655843

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