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>>> PHARMACIST DATA FORM

Zaponex Treatment Access System®

ZTAS®

This form is used to register as a pharmacist with the Zaponex Treatment Access System (ZTAS®). Pharmacists working at more than one location should submit a Pharmacist Data Form for each location. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Clozapine pharmacist
A pharmacist who is the primary contact for ZTAS in the pharmacy at the below address. A clozapine pharmacist can register other pharmacy staff ('proxies') at this pharmacy address and is responsible for updating ZTAS with any changes to any of these details.

Pharmacist
A pharmacist who is involved in the treatment of patients with Zaponex® (clozapine) and registered with ZTAS who is not the clozapine pharmacist at this pharmacy address.

Pharmacist Details

Professional Registration Number GPC / PNI* ☐☐☐☐☐☐☐

GPC = General Pharmaceutical Council
PNI = Pharmaceutical Society Northern Ireland

* Please circle appropriate.

Title ☐ Prof ☐ Mr ☐ Mrs ☐ Ms

Name ☐☐☐☐☐☐☐☐☐☐☐☐ S U R N A M E

Type of contact ☐ Clozapine pharmacist ☐ Pharmacist

Job title

Emergency telephone number

Office number

Fax number

Email

Facility name

Address

Town/city

Postcode

Adverse event reporting
The ZTAS routinely monitors blood results for abnormalities in WBC, Neutrophils, Eosinophils and Platelets. Abnormalities in these parameters (i.e. where outside agreed ZTAS ranges) are reported as adverse events to the Leyden Delta Drug Safety department, who may then contact the responsible healthcare professional for further details. Please note that Adverse Events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Leyden Delta via info@ztas.co.uk or by calling 0207 3655 842.

DECLARATION
This document is my statement of intent to participate in the dispensing and monitoring of Zaponex® (clozapine) in association with the ZTAS. Signing of this form confirms my commitment to adhere to the Zaponex SPC and the ZTAS Manual. Signing of this form also constitutes a confirmation of my understanding of, and commitment to, my responsibilities regarding the reporting of adverse events, as detailed above. I understand that my registration will be confirmed by a return letter, enclosing my unique user ID and password to the ZTAS system and that these details should not be shared, in order to prevent unauthorised access to patient data. Should I no longer require access to the ZTAS, or if there are any changes to the patient data under my care, I will inform ZTAS of this within 30 days.

Prescribing reminders

- Zaponex may only be prescribed by a consultant or physician who is registered with the ZTAS
- Zaponex may only be prescribed for patients who are registered with the ZTAS
- There must always be a current, valid blood result for the patient before any Zaponex is dispensed
- Zaponex may only be dispensed under the responsibility of a ZTAS registered clozapine pharmacist.

Date d d - m m - y y y y

Signature

Please fax this form to ZTAS on 0207 3655843

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