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>>> SHARED CARE DATA FORM

Surname GP:

S U R N A M E

Blood Testing

Routine Blood Samples will be tested using:

ZTAS Lab Local Lab POCT

Local Lab used, e.g. urgent samples:

F A C I L I T Y N A M E

Postcode

Local results must be analysed by a NEQAS (National External Quality Assurance Scheme) or equivalent certified laboratory, details of which must be registered with ZTAS.

Blood Sampling Location

Facility name

Contact person

S U R N A M E

Postcode

Telephone

Fax

Primary (Hospital) Pharmacy:

Pharmacy name

Postcode

Zaponex dispensed by another pharmacy in Dispensing or Homecare arrangement?

Yes* No

** If yes, please complete Dispensing/ Homecare pharmacy*

Dispensing/Homecare Pharmacy

Pharmacy name

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. Upon review of your patient's health and blood results, if you consider any other abnormalities to the blood parameters (excluding those mentioned above) or if you signal abnormalities to physical or mental symptoms to be clinically significant, please ensure that you report these as adverse events. 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 prescribing 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

Name

S U R N A M E

G M C

Date

D D - M M - Y Y Y Y

Signature

Please fax this form to ZTAS on 0207 3655843