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 and accompanying Zaponex (clozapine) dispensing information (if applicable) to the ZTAS.
We will use the information provided on this form in accordance with the terms of the ZTAS privacy notice which is available from the ZTAS website www.ztas.co.uk.

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**

PSS.F01.S07.004