# Clozaril® Patient Monitoring Service (CPMS)
# Patient Registration/Re-Registration Form

**Please complete all fields as appropriate with either a TICK or using BLOCK CAPITALS**

*Missing information may lead to a delay in registering a patient*

## SECTION 1: PATIENT DETAILS

*(Tick as appropriate)*

**CURRENTLY ON TREATMENT WITH DENZAPINE/ZAPONEX** YES ☐ NO ☐

**FORENAME**

**DATE OF BIRTH** D D - M M - Y Y Y Y

**MIDDLE NAME**

*Please note: use of Clozaril® in patients under 16 years of age is outside the market authorisation*

**SURNAME**

**MALE** ☐ **FEMALE** ☐

**ETHNIC ORIGIN:** **AFRICAN-CARIBBEAN** ☐ **ASIAN** ☐ **CAUCASIAN** ☐ **MIXED/OTHER** ☐

## SECTION 2: CLINICAL DETAILS

**NAME OF SUPERVISING SPECIALIST FOR PATIENT**

**YOU MUST IDENTIFY ONE OF THE FOLLOWING 3 OPTIONS FOR DIAGNOSIS:**

**1. TREATMENT RESISTANT SCHIZOPHRENIA** ☐

**2. PSYCHOTIC DISORDER IN PARKINSON'S DISEASE** ☐

**3. OTHER** *(Please specify exact diagnosis)*

**PLEASE READ:** If the diagnosis is 'OTHER' or if treatment with Clozaril® is contra-indicated, or if the patient is taking any other medications contra-indicated for concomitant use with Clozaril® (see section 4 of the Summary of Product Characteristics for Clozaril®), then the use of Clozaril® is outside the Marketing Authorisation and is 'Off-Label'. In such situations, Mylan cannot recommend the use of Clozaril® and the decision to treat will be your own decision and responsibility.

*Tick appropriate box (mandatory)*

**Has the patient ever had an episode of Neutropenia? (WBC <3.0x10⁹/L and/or neutrophils <1.5x10⁹/L)** YES (please contact CPMS) ☐ NO ☐

**Has the patient been diagnosed with Benign Ethnic Neutropenia?** YES (please contact CPMS) ☐ NO ☐

*All adverse events identified to the CPMS will be reported to the Mylan Pharmacovigilance department and follow-up information may be requested.*

## SECTION 3: CONTACT INFORMATION

**INPATIENT** ☐ **OUTPATIENT** ☐

**INPATIENT WARD OR OUTPATIENT'S COMMUNITY TEAM**

**TELEPHONE FOR WARD OR OUTPATIENT'S COMMUNITY TEAM**

**HOSPITAL/CLINIC/SITE FOR BLOOD COLLECTION** *(Address and Postcode)*

**NAME OF CPMS REGISTERED DISPENSING PHARMACY**

**POSTCODE**

**PATIENT SURNAME** **DATE OF BIRTH** D D - M M - Y Y Y Y

## SECTION 4: INITIAL BLOOD RESULT

a. The initial result may be sent direct to the CPMS Central Laboratory for analysis once patient has been registered with the CPMS.

b. The initial result may be analysed via a PocHi-100i once patient has been registered with CPMS.

c. Local results MUST be analysed by a NEQAS (National External Quality Assurance Scheme) or equivalent laboratory, which must be registered on the CPMS system.

**DATE SAMPLE TAKEN** D D - M M - Y Y Y Y **WBC** $x10^9/L$ **NEUTROPHILS** $x10^9/L$

**PLATELETS (if available)** $x10^9/L$ **EOSINOPHILS (if available)** $x10^9/L$

**NAME OF LABORATORY PROVIDING HAEMATOLOGY RESULT**

**PROPOSED DATE TO COMMENCE PATIENT ON TREATMENT** D D - M M - Y Y Y Y

**PLEASE READ: The initial result MUST be less than 10 days old on the day the patient starts treatment. The next sample MUST be received within 10 days of the initial sample being taken, irrespective of which day the patient commences Clozaril®.**

## SECTION 5: DECLARATION

All patients on Clozaril® must be registered on the Mylan controlled database ("the CPMS"). Additionally, all patients prescribed Clozaril® or Clozapine drug, who experience a Leucopenia and/or Neutropenia, will be enrolled on a separate UK or Irish Central Non Re-challenge Database ("CNRD"). The CNRD maintains a central record of such adverse reactions to prevent harmful re-exposure to Clozapine. The CNRD databases are controlled by independent companies, CNRD 2002 Limited UK and CNRD 2009 Limited Ireland.

The information on your patient held on the CPMS will be processed in accordance with the Data Protection Act 2018 in order to monitor your patient's blood counts and to assist you and/or other health professionals to make medical decisions regarding such patient's health and to provide you and/or your patient with services connected with Clozaril®. Your patient's personal data and blood sample/tissue may be used now or in the future in connection with further research by Mylan (or sponsors whether or not associated with Mylan). Such purposes may or may not be related to Clozaril® and/or services connected with Clozaril®, and may also be published (although your patient will not be identified in any publications resulting from such research). The information on your patient held on the CNRD will be held for the sole purpose of preventing re-exposure to Clozapine and will only be made available to the suppliers of Clozapine.

Under the Data Protection Act 2018, a Data Controller is required to obtain and process personal data fairly and lawfully. Since it would not be appropriate for Mylan to contact your patient to obtain their consent to such processing of personal data as outlined above, we request that you provide the information regarding the processing of your patient's personal data as set out above to them.

**DECLARATION**

To the best of my knowledge the completed information is true and accurate. I confirm that I have explained to my patient, and obtained the patient's consent, that information and tissue samples relating to him/her is held by and processed as described above.

**THIS FORM MUST BE SIGNED BY EITHER THE SUPERVISING SPECIALIST OR LEAD CLOZARIL® PHARMACIST RESPONSIBLE FOR THIS PATIENT. BOTH MUST BE REGISTERED WITH CPMS TO ENABLE PROCESSING.**

**FULL NAME AND TITLE**

IF BEING SIGNED BY THE LEAD CLOZARIL® PHARMACIST:

**BY SIGNING THIS FORM, I CONFIRM THAT THE SUPERVISING SPECIALIST IS AWARE OF THE REGISTRATION WITH THE CPMS**

**SIGNATURE** **DATE** D D - M M - Y Y Y Y

**PLEASE FAX TO: (UK) 0845 769 8541/8379 or (IRE) 01 662 5961 or EMAIL: cpms@mylan.co.uk**
**GENERAL ENQUIRIES: (UK) 0845 769 8269 or (IRE) 01 662 1141**

*(The sending of confidential information should only be performed using an approved method defined by your organisation's information security guidelines)*



Clozaril® (clozapine)
CLOZARIL® Clozapine PATIENT MONITORING SERVICE
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Mylan Better Health for a Better World