FazaClo® (clozapine) Patient Registry — WBC Count and ANC Monitoring Form

Instructions: This form is used to submit WBC count and ANC monitoring information according to the FazaClo Patient Registry protocol and product labeling. Multiple dates of information may be logged on one form for one patient if data submission is via fax. In this case, complete log and resubmit form every time according to schedule. Multiple forms will be required if data submission is via mail. NOTE: FORM MUST BE SUBMITTED TO REGISTRY at EVERY DISPENSATION TIME.

- The patient's Affiliated Health Care Practitioner must complete this form after verifying the patient's required blood counts are within normal limits and timeframe according to FazaClo product labeling and health care practitioner evaluates patient*.
- The Affiliated Health Care Practitioner must provide Affiliated Pharmacist with completed WBC Count and ANC Monitoring Form and valid prescription for each dispensation of FazaClo to meet monitoring requirements.
- The Affiliated Pharmacist can dispense FazaClo ONLY after receiving a completed WBC Count and ANC Monitoring Form with valid PRN, a valid prescription, and verifying the WBC count and ANC test results are within normal limits and timeframe according to FazaClo product labeling.

A. Patient Information:

Initials: (F/M/L | **Patient Registration Number (PRN):** | **Patient SSN:** ___ - ___ - ____

B. Affiliated Pair Information (Patient's Affiliated Treatment Pair):

Health Care Practitioner Name: ___ - ____ | **Pharmacy DEA or ID#:** ___ - ____

C. WBC Count, ANC, and Treatment Dispensation Information:

Blood Draw Date (MM/DD/YYY)	Total WBC Count (per mm^3)	ANC (per mm^3)	Treatment Status After Today's Evaluation C=Continue T=TEMP Discontinue P=PERM Discontinue	Medication Dispense Date (MM/DD/YYY)	Total Daily Dose (mg/day)	Acceptable to Dispense Treatment? Y = Yes N = No	Monitoring Schedule After Today's Evaluation		
							Weekly	Every Two Weeks	Every Four Weeks

Patient Notes

Pharmacist: Once this form is received from the Affiliated Health Care Practitioner this completed form should be mailed or FAXed to the

FazaClo Patient Registry
1818 Market Street, Suite 2350
Philadelphia, PA 19103

FAX: 1-877-329-2259

Alternatively, the data may be phoned into the FazaClo Patient Registry at 1-877-FazaClo (329-2256), or the information may be entered into the Fazaclo database via the Internet at www.fazaclo.com.

*The blood work draw date may not be more than 7 days old in order for the pharmacist to dispense the drug, regardless of the patients' monitoring schedule