

CLOZAPINE ASSAY (LEVELS OF (NOR)CLOZAPINE IN BLOOD)

Report will be sent to the consultant, unless other arrangements are in place

Consultants name:

ZTAS PIN:

NHS No.:

Patient name (block capitals please)

First Name:

Last Name:

Date of Birth:

Sex

PLACE
PRE PRINTED
LABELS HERE

Clozapine assay

EDTA SAMPLE (Min 2ml) purple vacutainer

This test must be authorised by a clinician and incurs an additional charge. Result is only valid if sample is taken approximately 12 hours after the previous dose.

Name:

Phlebotomist

IMPORTANT: FIELD BELOW MUST BE COMPLETED

Total daily dose of Clozapine taken:

When last dose taken: (please indicate if dose split)

Date: | |

Time: -
(24hrs)

Dose split: YES

When blood sample taken:

NO

Date: | |

Time: -
(24hrs)

Note: It is essential that both the EDTA tube and the request form are clearly identified (preferably using barcode labels). Date and time of sampling must be completed.

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