

ZAPONEX® (CLOZAPINE) - CONSUMABLES REQUEST FORM

Requested by:

Facility Name:

Address:

Town/City:

Postcode: Signature / Date

Telephone Number: (It is essential to enter this number)

Please dispatch the following consumables to the address above. PLEASE INDICATE NUMBER OF ITEMS REQUIRED IN THE BOXES BELOW:

<p>1. Vacutainer Collection Kit FBC (Routine Monitoring) <small>(Contains all items listed below except G, I & J)</small></p> <p>A. Plastic Postal envelope</p> <p>B. Re-sealable polybags</p> <p>C. Vacutainer Needle holders</p> <p>D. Vacutainer Needles (green)</p> <p>E. EDTA (purple top) <small>Vacutainers for FBC's & Clozapine assay testing</small></p>	<p>2. Vacutainer Collection Kit Clozapine assay (Blood levels) <small>(Contains all items listed below except G, H & J)</small></p> <p>F. Rigid transporters</p> <p>G. Large Postal/courier envelope</p> <p>H. FBC request forms</p> <p>I. Clozapine assay request forms</p> <p>J. Prepaid return address labels <small>(Magna Laboratories)</small></p>
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PLEASE EMAIL / FAX THIS FORM TO MAGNA LABORATORIES ON 01989 763533

Should you have any queries, please contact Magna Laboratories

Magna Laboratories Ltd
Chase Industrial Estate, Alton Road, Ross-on-Wye, HR9 5WA
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