

## FULL BLOOD COUNT (ROUTINE MONITORING)

Weekly, fortnightly or 4-weekly blood tests (WBC, neutrophils, eosinophils and platelets for Zaponex® clients)

Client Code: ZAPONEX® (Clozapine)

Requested by: ZTAS

ZTAS PIN:

NHS No.:

**Patient name** (block capitals please)

First Name:

Last Name:

Date of Birth:

Sex

PLACE  
PRE PRINTED  
LABELS HERE

### Full blood count

EDTA SAMPLE (Min 2ml) purple vacutainer

Sample date:

d	d	m	m	y	y	y	y
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### ROUTINE MONITORING

Of Zaponex® clients' white blood cells, neutrophils, eosinophils and platelets

Time Sample taken (24hr):

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Name:

(Phlebotomist)

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**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.

### Magna Laboratories Ltd

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