

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

**Consultant**  
Name:

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

**PATIENT**

First name:

Last name:

Date of birth:

 -  - 

PLACE PRE PRINTED LABEL HERE

ZTAS PIN/NHS No.:

 /  -  - 

Male

Female

Smoker: YES

NO

Unknown

Comments:

## CLOZAPINE ASSAY

**EDTA SAMPLE (Min 2ml) purple vacutainer**

**Phlebotomist**  
Name:

**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 previous dose.

**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

NO

**When blood sample taken:**

Date:

 -  - 

Time:  
(24hrs)

 :  : 

NO

**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.