



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

Consultant

Full name:

Telephone number:

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

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) with at least 3 forms of patient ID. Date and time of sampling and last dose must be completed. Kit items supplied by Magna Labs are for use in connection with Magna Labs pathology services only.

We handle confidential data in line with all relevant legislation. For details see the Privacy Notice on our website at www.magnalabs.co.uk

Magna Laboratories Limited, Unit 5 Chase Industrial Estate, Alton Road, Ross-on-Wye, Herefordshire, HR9 5WA
Tel: 01989 763333 - www.magnalabs.co.uk - E-mail: info@magnalabs.co.uk - NHS E-mail: magnalabs.info@nhs.net