



CLOZAPINE BLOOD MONITORING

CENTRAL LABORATORY FOR FBC AND CLOZAPINE ASSAYS

Dear Clozapine Nurse/Clinic,

Your central laboratory for analysis of routine clozapine (weekly/fortnightly/4-weekly) blood test monitoring (full blood counts) for Zaponex® patients is **Magna Laboratories**.

The enclosed information provides examples of the supplies involved and sampling instructions.

If your routine monitoring full blood count (FBC) samples are analysed at a local laboratory or on a Pochi system, your normal procedures still apply.

Routine FBC monitoring requests (blue forms)

Please use the enclosed full blood count form (blue)

Results will be reported the same day the sample is received at Magna Laboratories.

Clozapine assay requests for Zaponex® patients (yellow forms)

Please use the enclosed clozapine assay form (yellow)

Results will be reported within 3 working days of the sample being received at Magna Laboratories.

Acceptance or rejection of samples

Samples will be rejected if:

- the sample tube does not contain the correct anticoagulant (EDTA for FBC samples)
- there are not at least 3 patient identifiers out of: first name, family name, date of birth or ZTAS PIN on both the blood sample tube and request form
- the sample is received too long after collection, more than 4 days for FBC and 7 days for clozapine assay
- the FBC sample is clotted before analysis
- the sample is haemolysed before analysis (FBC and clozapine assay)
- the sample is too small for analysis (should be at least 2 mL)

Timeframe for requesting additional tests

Additional tests may be requested initially by phoning Magna Laboratories, and then in writing by email to magnalabs.info@nhs.net. It is not possible to perform a FBC after the sample has been processed for clozapine assay, but a clozapine assay can be requested from a FBC sample (up to 7 days old). Please note if the time of sample collection or time of last dose are unknown this makes the interpretation of clozapine plasma level results difficult, as a trough sample (12 hours post-dose) is recommended.

Supplies

To order more supplies please use the order form enclosed. Patient labels can also be ordered with the form enclosed. Alternatively, orders may be placed by using the online ordering system, www.magnalabs.co.uk or by sending an email. Please state the number of each item required and the name and address for delivery.

For all confidential patient information please email to magnalabs.info@nhs.net

Note: Prior to use all blood collection tubes, needles and needle holders (in boxes or in prepared kits) must be stored between 4°C and 25°C.

Samples from patients not registered with ZTAS

For information regarding sending plasma assay samples for patients on clozapine brands other than Zaponex® or for other antipsychotic drugs, please see the section on therapeutic drug monitoring (TDM).

**Please contact us on tel. 01989 763 333 if you have any questions.
Help and clinical advice can also be obtained by contacting ZTAS on tel. 020 73 655 842**

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



ZAPONEX® (CLOZAPINE) PLASMA ASSAY LEVEL REQUESTS

This test is NOT used for routine (weekly/fortnightly/4-weekly) FBC monitoring of patients taking clozapine.

It should only be requested if you have been instructed by a Doctor/Pharmacist.

There is a charge made to the local authority for this service.

For a valid result the sample must be taken approximately 12 hours after the last dose of clozapine.

- Ensure you have :
 - a clozapine assay request form (yellow)
 - a collection pack with a pre-addressed envelope and blood tube within its expiry date
 - a set of patient labels
- Identify the patient, obtain consent, and collect the blood sample (purple top EDTA tube) using your local protocol.
- Attach the patient's **PRE-PRINTED LABELS** to the specimen bottle and to the clozapine assay request form.
- If you do not have a set of pre-printed labels fill out the form and bottle details manually. At least 3 patient identifiers are required out of; first name, family name, date of birth or ZTAS PIN.
- Enter the patient's consultant's first name and family name.
- It is important that :
 - dosage
 - the date and time of **LAST** dosage
 - the date and time the blood sample was taken is recorded on the request form.
- Remember to **PRINT** your name on the request form.
- Place sample in re-sealable poly bag with absorbent pad and seal.
- Place sample in box with request form and close. Up to 3 specimens may be placed in each container.
- Place box (including request forms) in the pre-paid, pre-addressed envelope supplied and seal.
- Ensure the envelope is sent to Magna Laboratories as soon as possible, using Royal Mail.



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

Consultant
Full name: _____
Telephone number: _____

PATIENT
First name: _____
Last name: _____
Date of birth: _____
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: _____ Dose split: YES NO

When blood sample taken:
Date: _____ Time: _____

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.

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Our contact number is 01989 763 333 (Magna Laboratories)



ROUTINE FULL BLOOD COUNT FOR PATIENTS TAKING ZAPONEX[®] (CLOZAPINE)

- Ensure you have :
 - a routine (weekly/fortnightly/4 weekly) FBC request form (blue)
 - a collection pack with a pre-addressed envelope and blood tube within its expiry date
 - a set of patient labels
- Identify the patient, obtain consent, and collect the blood sample (purple top EDTA tube) following your local protocol.
- Attach the patient's **PRE-PRINTED LABELS** to the specimen bottle and to the FBC request form.
- If you do not have a set of pre-printed labels fill out the form and bottle details manually. At least 3 patient identifiers are required out of; first name, family name, date of birth or ZTAS PIN.
- Remember to record the **DATE/TIME** the blood sample was taken and to **PRINT** your name on the request form.
- Place sample in re-sealable poly bag with absorbent pad and seal.
- Place sample in box with request form and close. Up to 3 specimens may be placed in each container.
- Place box (including request forms) in the pre-paid, pre-addressed envelope supplied and seal.
- Ensure the envelope is sent to Magna Laboratories as soon as possible, using Royal Mail.



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ROUTINE FULL BLOOD COUNT (ZTAS ROUTINE MONITORING)

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

Requested by:
Full name: FIRSTNAME / SURNAME
Telephone number:

PATIENT
First name:
Last name:
Date of birth: B D - M M - Y Y Y Y
ZTAS PIN/NHS No.: /
Male Female

Comments:

FULL BLOOD COUNT

EDTA SAMPLE (Min 2ml) purple vacutainer

Phlebotomist
Name:
Sample date: D D - M M - Y Y Y Y Time Sample taken (24hrs): H H : M M

ROUTINE MONITORING
Of Zaponex[®] clients' white blood cells, neutrophils, eosinophils and platelets

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 must be completed. Kit items supplied by Magna Labs are for use in connection with Magna Labs pathology services only.

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Therapeutic Drug Monitoring

This includes clozapine assay requests for patients on brands of clozapine other than Zaponex® (e.g. Clozaril® and Denzapine®), and patients on other antipsychotic drugs; aripiprazole, haloperidol, quetiapine, olanzapine, risperidone/paliperidone.

Please use the enclosed therapeutic drug monitoring form (green).

Results will be reported within 3 working days of the sample being received at Magna Laboratories.

Acceptance or rejection of samples

Samples will be rejected if:

- there are not at least 3 patient identifiers out of: first name, family name, date of birth or NHS/CHI/H&C number on both the blood sample tube and request form
- the blood is not in a suitable tube type for plasma or serum samples (should be EDTA or serum separator)
- the sample is received too long after collection; more than 4 days for olanzapine and 7 days for all other drug assays.
Note: olanzapine samples can be stored frozen (-20°C) as plasma or serum, if not to be sent immediately
- the sample is haemolysed before analysis
- the sample is too small for analysis (should be at least 1 mL)

For a valid result, the sample should be taken as a trough level (before taking next dose);

- clozapine - approximately 12 hours post-oral dose (for twice daily dosing)
- aripiprazole - approximately 24 hours post-oral dose or immediately before the next long-acting injection (depot)
- haloperidol - approximately 12 hours post-oral dose or immediately before the next long-acting injection (depot)
- risperidone/paliperidone - approximately 12 hours post-oral dose or immediately before the next long-acting injection (depot)
- olanzapine - approximately 12 hours post-oral dose or immediately before the next long-acting injection (depot)
- quetiapine - approximately 12 hours post-oral dose or approximately 24 hours post-dose and immediately before the next extended-release dose

**Please contact us on tel. 01989 763 333 if you have any questions.
Help and clinical advice can also be obtained by contacting ZTAS on tel. 020 73 655 842**



THERAPEUTIC DRUG MONITORING REQUESTS

This test should only be requested if you have been instructed by a doctor/pharmacist. There will be a charge made to the local authority for this service.

- Ensure you have:
 - a therapeutic drug monitoring request form (green)
 - a collection pack with a pre-paid, pre-addressed envelope and a blood tube within its expiry date
 - a set of patient labels, if available
- Identify the patient, obtain consent, and collect the blood sample (purple top EDTA tube) using your local protocol.
- Attach the patient's **PRE-PRINTED LABELS** to the specimen bottle and to the assay request form.
- If you do not have a set of pre-printed labels fill out the sample bottle and form details manually, in block capitals. At least 3 patient identifiers are required out of; first name, family name, date of birth or NHS/CHI/H&C number.
- Double check the sample tube is labelled and place it in the re-sealable poly bag with absorbent pad and seal.
- Place sample in box with request form and close. Up to 3 specimens may be placed in each container.
- Place box (including request forms) in the pre-paid, pre-addressed envelope supplied and seal.
- Ensure the envelope is sent to Magna Laboratories as soon as possible, using Royal Mail.



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THERAPEUTIC DRUG MONITORING ASSAY REQUEST FORM

INSTRUCTIONS

- Blood sample to be collected in EDTA tubes, minimum of 2mL. Serum samples can be used.
- It is essential both sample and request are clearly identifiable with at least 3 forms of ID.
- Sample should be taken approximately 12 hours post-dose, except for aripiprazole and extended-release quetiapine which should be taken 24 hours post-dose.
- Contact information and addresses must be supplied for both reporting and invoicing. Failure to complete form will mean delayed reporting of results.
- Olanzapine samples must be in EDTA tubes and analysed within 72 hours or stored frozen (-20°C) as plasma.
- Kit items supplied by Magna Labs are for use in connection with Magna Labs pathology services only.
- Results are only sent to those named on form.
- Requesting reports to be sent to more than one email address indicates your acceptance of data sharing to the recipients.
- There will be a charge for this assay.

Please complete in block capitals, including email addresses

ASSAY REQUIRED

Aripiprazole Haloperidol Quetiapine
 Clozapine Olanzapine Risperidone / Paliperidone

Assay requested by: _____
 Telephone number: _____

PATIENT PLACE PATIENT ID STICKER HERE

At least 3 points of ID marked with * must be completed on SAMPLE and form

First name: * _____
 Last name: * _____
 Date of birth: * DD-MM-YYYY _____
 NHS/CHI/H&C No.: * _____
 Clozapine PIN: * _____

Sex: Male Female
 Smoker: YES NO
 Zopaxem (ZTAG) Clozaril (CPMS) Quetiapine (DMS)
 Dose Split: YES NO or Depot/IM dose
 When last dose taken: DD-MM-YYYY _____
 Time (24hrs): HH : MM
 When blood sample taken: DD-MM-YYYY _____
 Time (24hrs): HH : MM

Name (Phlebotomist): _____
 Date: DD-MM-YYYY _____

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Our contact number is 01989 763 333 (Magna Laboratories)



REQUEST FOR CLOZAPINE LABELS

Please complete the details below to ensure you receive the patients labels you require.
You will receive your labels in approximately 3-4 working days.

Requested by:

Facility name:

Address:

Town / City:

Postcode: Telephone number*:

* It is essential to fill in the telephone number.

Date: Signature:

Clozapine patient labels required:

<input type="text" value="PLACE REQUIRED LABEL HERE"/>	<input type="text" value="PLACE REQUIRED LABEL HERE"/>	<input type="text" value="PLACE REQUIRED LABEL HERE"/>
<input type="text" value="PLACE REQUIRED LABEL HERE"/>	<input type="text" value="PLACE REQUIRED LABEL HERE"/>	<input type="text" value="PLACE REQUIRED LABEL HERE"/>

If you don't have labels, enter details below or add more labels if required.

Patient name/initials	DOB	ZTAS PIN	Consultant Psychiatrist
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Should you have any queries, please contact Magna Laboratories.

PLEASE EMAIL / POST THIS FORM TO MAGNA LABORATORIES

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ZAPONEX® (CLOZAPINE) - CONSUMABLES REQUEST FORM

Please complete the details below to ensure you receive the consumables you require.
You will receive your consumables in approximately 3-4 working days.

Requested by:

Facility name:

Address:

Town / City:

Postcode: Telephone number*:

* It is essential to fill in the telephone number.

Date: Signature:

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

<p>1. Vacutainer Collection Kit: Full Blood Count (ZTAS Routine Monitoring) (Contains all items listed below except G and I)</p> <p>A. Plastic Postal envelope:</p> <p>B. Re-sealable polybag:</p> <p>C. Vacutainer Needle holder:</p> <p>D. Vacutainer Needles (green)</p> <p>E. EDTA blood tube (purple top) Vacutainer for FBC's & Clozapine assay testing.</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>2. Vacutainer Collection Kit: Clozapine assay (Blood levels) (Contains all items listed below except G and H)</p> <p>F. Rigid transporter:</p> <p>G. Large Postal/courier envelope:</p> <p>H. FBC request form:</p> <p>I. Clozapine assay request form</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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Should you have any queries, please contact Magna Laboratories.

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CONTACT DETAILS

Zaponex® monitoring

For all enquiries relating to patients including :

- patient currently on treatment
- advice on registering new patients
- medical advice
- full blood count results (weekly / fortnightly / 4-weekly)
- all changes to patient details (e.g. sampling location or consultant changes)

Or any other matter relating to patient care

ztas  Zaponex Treatment Access System®

Contact the ZTAS office on :

Tel. : 020 7365 5842

E-mail : info@ztas.co.uk

Website : www.ztas.co.uk

The ZTAS office is open Monday to Friday 08:30 - 17:00
For all emergency enquiries outside office hours : telephone 020 7365 5842

Central Laboratory

For all enquiries relating to :

- the re-ordering of haematological kits, including needle holders, needles, blood tubes, sample request forms and post/packaging materials
- Pre-printed ID labels for ZTAS patients
- clozapine and other therapeutic drug monitoring supplies and results
- courier collections

Magna  Laboratories

Contact Magna Laboratories on :

Tel. : 01989 763 333

E-mail : info@magnalabs.co.uk

Website : www.magnalabs.co.uk

For patient sensitive information:

E-mail : magnalabs.info@nhs.net

Magna Laboratories is open Monday to Friday 08:30 - 17:00

Clinical advice and interpretation of results for all examinations performed by Magna Laboratories can be obtained by calling the ZTAS number above.

ztas  Zaponex Treatment Access System®

If you have any complaints or comments regarding Magna Laboratories services, we would like to hear them. Please contact us by phone, post or email.

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