



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.

PLEASE EMAIL / POST THIS FORM TO MAGNA LABORATORIES

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

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