

## **CLOZAPINE** ANC Lab Reporting Form

Phone: 888-586-0758 Fax: 800-878-5927 www.clozapinerems.com

For immediate online reporting of an ANC Lab, please go to www.clozapinerems.com.

- 1. This form may be used by:
  - a. certified prescribers and their designees to submit an ANC Lab outside of the monthly reporting requirement (using the Patient Status Form), and
  - b. certified pharmacies to submit an ANC Lab.
- 2. A reported ANC Lab that is <  $1000/\mu$ L for a general population patient or <  $500/\mu$ L for a BEN patient will cause the patient's treatment to be interrupted until:
  - The patient's prescriber determines that the benefits of continuing clozapine outweigh the risk of neutropenia; or
  - A more recent ANC lab value is provided that is ≥ 1000/µL for a general population patient or ≥ 500/µL for a BEN population patient
- 3. Submission of an ANC Lab Reporting Form is not a substitute for the prescriber's requirement to document and submit ANC results, the monitoring frequency, and appropriateness for continuing treatment monthly using the monthly Patient Status Form.

Patient Information (* Indicates a Required Field)								
First Name*:		Last Name*:			Date of Birth*:			
REMS Patient ID:		Zip Code:		Gender:	☐ Male	□ Fem	ale	☐ Other
Reporter Information (* Indicates a Required Field)								
First Name*:		Last Name*:			Phone*:			
Prescriber's Individual NPI #*:		or	Pharmacy's Organizational NPI #*:					
ANC Lab (Lab draw date required, enter either a range or the ANC for General Population or BEN Population)								
Blood Draw Date:	General Patient Population		BEN Patient Population				AN	C (per µL):
MM / DD / YYYY	□ Normal Range (≥ 1500/μL)		□ Normal BEN Range (≥ 1000/μL)					
	□ Mild Neutropenia (1000 to 1499/µL)		□ BEN Neutropenia (500 to 999/µL)			OI	-	
	☐ Moderate Neutropenia (500 to 999/μL)		□ BEN Severe Neutropenia (< 500/µL)					
	☐ Severe Neutropenia (< 50	00/µL)						