

Patient Status Form

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

Instructions

Assess the patient by obtaining complete blood counts, including the absolute neutrophil count (ANC), as described in the Prescribing Information. Record the ANC data on this form.

You can complete this form online at www.clozapinerems.com or fax it to the Clozapine REMS Contact Center at 1-800-878-5927.

This form must be completed monthly for each patient continuing treatment with clozapine. Please submit page 1 and any pages that apply to your patient's monitoring frequency.

This form may also be used to:

- Interrupt, Discontinue, or Resume Treatment
- Designate the patient as a Benign Ethnic Neutropenia patient
- Create a Treatment Rationale when the patient's ANC level is < 1000/µL for a general population patient or < 500/µL for a BEN patient
- . Designate the patient as a Hospice patient

This form can be used by both a prescriber and prescriber designee. The following activities require the signature of a certified prescriber:

- Designating a patient as a Hospice Care patient
- Designating a patient as a Benign Ethnic Neutropenia patient
- Authorizing the continuation of therapy if one or more required labs are missing
- Creating a Treatment Rationale for a patient

By submitting this form, you are authorizing this patient to continue treatment on clozapine, unless Interrupt Treatment or Discontinue Treatment is selected.

selected.						
Prescriber Information (* India	cates a Require	d Field)				
First Name*:		Last Name*:			Individual NPI #*:	
Phone*:	Email Addre	ss*:		Fax:		
Prescriber Designee Informat	tion (* Indicates	a Required Field if form	is completed by a	Prescriber De	esignee)	
First Name*:			Last Name*:			
Phone*:	Emai	l Address*:			Fax*:	
Patient Information (* Indicate	s a Required Fi	eld)				
First Name*:		Last Name*:		REMS I	Patient ID:	
Date of Birth*: MM / DD / YY	YY	Zip Code:		Gender:	Male	Other
Patient Status (* Indicates a Re	equired Field)					
1. Are you monitoring the patient as r	recommended in t	he Prescribing Information	?*			
2. What is the patient's current monit	oring frequency?*	☐ 3 times a week ☐ Weekly	□ Every 2 weeks□ Monthly			
3. Change the patient's monitoring fre	equency to*:	☐ 3 times a week☐ Weekly	☐ Every 2 weeks ☐ Monthly	□ No Cha	ange to the Monitoring	Frequency
 Did the patient experience any a □ No □ Yes → If yes, please proadditional information 	ovide a phone nu	mber where you may be		,	ontact Center for	
Hospice Care patient designation	on. This section	must be completed by	the prescriber. The	prescriber mu	ust sign below.	
For hospice patients (i.e., terminally il Patient Status Form to once every 6 in to once every 6 months for a hospice	months after a dis	cussion with the patient an				
By signing below, I attest that the abo	ove is a hospice ca	re patient.				
Prescriber Signature:				Date (MM/DD/YYYY):	
Benign Ethnic Neutropenia (BE	N) patient desi	gnation. This section m	nust be completed b	y the prescrib	per. The prescriber mus	t sign below.
A BEN patient designation provides a separate ANC monitoring algorithm for the patient. The BEN designation is a permanent status.						
By signing below, I attest that the abo	ve is a patient wit	h documented benign ethn	ic neutropenia.			
Prescriber Signature:				Date (I	Date (MM/DD/YYYY):	

Continue to the next pages to provide ANC Lab Data



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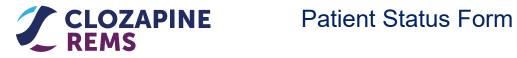
Reporting ANC Lab Data

Instructions for entering ANC lab data on the following pages:

- 1. Locate the section below that aligns with the patient's current monitoring frequency
- 2. Enter the blood draw date and the ANC range in the appropriate patient population (general or BEN) column or enter the ANC value.
- 3. If a lab is missing, select the reason for missing the lab. <u>Note</u>: If one or more labs are missing, the prescriber is required to authorize the continuation of therapy by providing a signature and date.
- 4. Report of an ANC lab value indicating moderate (general population) or severe neutropenia (general or BEN population) requires treatment to be interrupted or discontinued or the creation of a Treatment Rationale by the prescriber unless 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.

tab value is provided that is a root, particular population patient of a south population patient.					
	Enter data for the last four weekly blood draws			4110	
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC (partil)	
MM / DD / YYYYY Reason for missing lab ¹ :	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/µL)		(per µL):	
☐ Patient Refused	□ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/µL)	or		
☐ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL) ²			
☐ Extrinsic factors (e.g., weather, transportation issues)	□ Severe Neutropenia (< 500/µL) ²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):	
Reason for missing lab ¹ :	□ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/μL)	or		
☐ Patient Refused ☐ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL)²			
☐ Extrinsic factors	□ Severe Neutropenia (< 500/μL) ²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):	
Reason for missing lab ¹ :	□ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/µL)	or		
☐ Patient Refused ☐ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL) ²			
☐ Extrinsic factors	☐ Severe Neutropenia (< 500/µL) ²				
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Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused	General Patient Population ☐ Normal Range (≥ 1500/µL)	□ Normal BEN Range (≥ 1000/μL)	or		
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Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: Patient Refused Clinician discretion Extrinsic factors Prescriber signature is required to auth Interrupt / Discontinue treatment or creeprescriber Signature: Patient Treatment Status	General Patient Population ☐ Normal Range (≥ 1500/µL) ☐ Mild Neutropenia (1000 to 1499/µL) ☐ Moderate Neutropenia (500 to 999/µL)² ☐ Severe Neutropenia (< 500/µL)² norize the continuation of therapy if one or more labs ate a Treatment Rationale.	□ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL)² are missing. Date (MM/DD/YYYY):	or		
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Continue to the next page for additional monitoring frequencies



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Blood Draw Date:	General Patient Population	BEN Patient Population		ANC		
MM / DD / YYYYY Reason for missing lab ¹ :	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):		
☐ Patient Refused	□ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/µL)	or			
☐ Clinician discretion	☐ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL) ²				
☐ Extrinsic factors (e.g., weather, transportation issues)	□ Severe Neutropenia (< 500/µL) ²					
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC		
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/µL)		(per µL):		
Reason for missing lab ¹ :	☐ Mild Neutropenia (1000 to 1499/µL)	☐ BEN Neutropenia (500 to 999/µL)	or			
☐ Patient Refused☐ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL)²				
☐ Extrinsic factors	□ Severe Neutropenia (< 500/µL)²					
¹ Prescriber signature is required to auth ² Interrupt / Discontinue treatment or cre-	orize the continuation of therapy if one or more labs	are missing.				
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Patient Treatment Status						
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•	(Prescriber Signature required below)					
	treatment if the patient has moderate neutrope	nia (ANC 500-999/µL for the general populat	ion) or	severe		
	eral population and patients with benign ethnic		,			
	ne treatment outweigh the risk of					
neutropenia.						
Lintil (MMM/DD/XXXXX)	(not to avacad 6 months)					
	(not to exceed 6 months)					
Until (MM/DD/YYYY) Prescriber Signature:	(not to exceed 6 months)	Date (MM/DD/YYYY):				
Prescriber Signature:						
Prescriber Signature: Monthly Monitoring Frequency (E	Enter data for the last monthly blood draw for th	is patient)		ANC		
Prescriber Signature:	Enter data for the last monthly blood draw for the General Patient Population	is patient) BEN Patient Population		ANC (per µL):		
Prescriber Signature: Monthly Monitoring Frequency (E Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹:	Enter data for the last monthly blood draw for th General Patient Population □ Normal Range (≥ 1500/µL)	is patient) BEN Patient Population □ Normal BEN Range (≥ 1000/μL)		ANC (per µL):		
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3 Times Weekly Monitoring Frequency (Enter all ANC lab data collected in the last four weeks). This section may also be used to record ANCs for patients requiring daily monitoring.					
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC	
MM/DD/YYYY	☐ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):	
Reason for missing lab1: Patient Refused	☐ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/µL)			
☐ Clinician discretion		,	or		
☐ Extrinsic factors	□ Moderate Neutropenia (500 to 999/µL)²	□ BEN Severe Neutropenia (< 500/µL) ²			
(e.g., weather, transportation issues)	□ Severe Neutropenia (< 500/µL) ²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC	
MM / DD / YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):	
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☐ Extrinsic factors	□ Severe Neutropenia (< 500/µL) ²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC	
MM / DD / YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):	
Reason for missing lab¹: ☐ Patient Refused	□ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/μL)	or		
☐ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL)²	□ BEN Severe Neutropenia (< 500/µL) ²			
☐ Extrinsic factors	□ Severe Neutropenia (< 500/µL)²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		(per µL):	
	3 (333) /	_ :::::::::::::::::::::::::::::::::::::			
Reason for missing lab1:	□ Mild Neutropenia (1000 to 1499/µL)	☐ BEN Neutropenia (500 to 999/μL)	or		
☐ Patient Refused			or		
_	□ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/µL)	or		
☐ Patient Refused☐ Clinician discretion	☐ Mild Neutropenia (1000 to 1499/μL) ☐ Moderate Neutropenia (500 to 999/μL)²	□ BEN Neutropenia (500 to 999/µL)	or	ANC	
□ Patient Refused□ Clinician discretion□ Extrinsic factors	☐ Mild Neutropenia (1000 to 1499/μL) ☐ Moderate Neutropenia (500 to 999/μL)² ☐ Severe Neutropenia (< 500/μL)²	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL)²	or	ANC (per μL):	
☐ Patient Refused ☐ Clinician discretion ☐ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹:	☐ Mild Neutropenia (1000 to 1499/μL) ☐ Moderate Neutropenia (500 to 999/μL)² ☐ Severe Neutropenia (< 500/μL)² General Patient Population	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) BEN Patient Population	or		
☐ Patient Refused ☐ Clinician discretion ☐ Extrinsic factors Blood Draw Date: MM / DD / YYYYY	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL)	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL)			
☐ Patient Refused ☐ Clinician discretion ☐ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: ☐ Patient Refused	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL)	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL)			
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)²	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL)		(per μL):	
☐ Patient Refused ☐ Clinician discretion ☐ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: ☐ Patient Refused ☐ Clinician discretion ☐ Extrinsic factors	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)²	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ²		(per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹:	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population		(per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL)	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL)	or	(per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused	 Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) 	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL)	or	(per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion	 Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² 	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL)	or	ANC (per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors	□ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)² General Patient Population □ Normal Range (≥ 1500/μL) □ Mild Neutropenia (1000 to 1499/μL) □ Moderate Neutropenia (500 to 999/μL)² □ Severe Neutropenia (500 to 999/μL)² □ Severe Neutropenia (< 500/μL)²	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ²	or	ANC (per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors	 Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Mild Neutropenia (500 to 999/μL)² Severe Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population 	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population	or	ANC (per μL):	
□ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY Reason for missing lab¹: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: □ Patient Refused □ Clinician discretion □ Extrinsic factors Blood Draw Date: MM / DD / YYYYY	 Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) Mild Neutropenia (1000 to 1499/μL) Moderate Neutropenia (500 to 999/μL)² Severe Neutropenia (< 500/μL)² General Patient Population Normal Range (≥ 1500/μL) 	□ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Neutropenia (500 to 999/μL) □ BEN Severe Neutropenia (< 500/μL) ² BEN Patient Population □ Normal BEN Range (≥ 1000/μL)	or	ANC (per μL):	

Continued on next page



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Blood Draw Date:	General Patient Population	BEN Patient Population		ANC (per	
MM / DD / YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		μL):	
Reason for missing lab1:	☐ Mild Neutropenia (1000 to 1499/µL)	☐ BEN Neutropenia (500 to 999/µL)			
☐ Patient Refused	☐ Moderate Neutropenia (500 to 999/µL) ²	☐ BEN Severe Neutropenia (< 500/µL) ²	or		
☐ Clinician discretion☐ Extrinsic factors	□ Severe Neutropenia (< 500/µL) ²	BEN Gevere Neutroperna (< 300/με)			
□ EXTINISIC IdCIOIS	Gevere Neutropenia (< 300/με)				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC (per	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		μL):	
Reason for missing lab ¹ :	□ Mild Neutropenia (1000 to 1499/μL)	□ BEN Neutropenia (500 to 999/μL)	or		
□ Patient Refused□ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL)²	□ BEN Severe Neutropenia (< 500/µL)²			
☐ Extrinsic factors	□ Severe Neutropenia (< 500/μL) ²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC (per	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		μL):	
Reason for missing lab1:	□ Mild Neutropenia (1000 to 1499/μL)	□ BEN Neutropenia (500 to 999/μL)	or		
□ Patient Refused□ Clinician discretion	□ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL) ²	0.		
☐ Extrinsic factors	□ Severe Neutropenia (< 500/μL) ²				
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC (per	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		μL):	
Reason for missing lab1:	☐ Mild Neutropenia (1000 to 1499/µL)	□ BEN Neutropenia (500 to 999/µL)	or		
☐ Patient Refused	□ Moderate Neutropenia (500 to 999/µL) ²	□ BEN Severe Neutropenia (< 500/µL)²	Oi		
☐ Clinician discretion☐ Extrinsic factors	□ Severe Neutropenia (< 500/µL) ²	. , , ,			
Blood Draw Date:	General Patient Population	BEN Patient Population		ANC (per	
MM/DD/YYYY	□ Normal Range (≥ 1500/μL)	□ Normal BEN Range (≥ 1000/μL)		μL):	
Reason for missing lab1:	☐ Mild Neutropenia (1000 to 1499/µL)	☐ BEN Neutropenia (500 to 999/µL)			
☐ Patient Refused	☐ Moderate Neutropenia (500 to 999/µL) ²	☐ BEN Severe Neutropenia (< 500/µL) ²	or		
☐ Clinician discretion☐ Extrinsic factors	□ Severe Neutropenia (< 500/µL) ²	Bert covere requisional (*cco, pe)			
 Prescriber signature is required to authorize the continuation of therapy if one or more labs are missing. Interrupt / Discontinue treatment or create a Treatment Rationale. 					
Prescriber Signature:	ate a Treatment Nationale.	Date (MM/DD/YYYY):			
		,			
Patient Treatment Status					
Complete this section to interrupt, discontinue, or resume treatment for this patient. No selection indicates the patient may continue treatment.					
□ Interrupt Treatment □ Discontinue Treatment □ Resume Treatment Treatment Rationale (If Required) (Prescriber Signature required below)					
Complete this section to continue treatment if the patient has moderate neutropenia (ANC 500-999/µL for the general population) or severe neutropenia (ANC<500/µL for general population and patients with benign ethnic neutropenia). check and sign below:					
☐ Benefits of continuing clozapine treatment outweigh the risk of neutropenia.					
Until (MM/DD/YYYY)	(not to exceed 6 months)				
Prescriber Signature: Date (MM/DD/YYYY):					