

# PATIENT Registration

Form Completed By: ☐ Doctor☐ Pharmacist☐ Local Case Coordinator/Case Manager

Gen-Clozapine ACCESS Network

Phone 1-866-501-3338

Fax 1-800-497-9592

Website www.gencan.ca

Please check one.

☐ Continuing Treatment Patient\*\*

(Patient is currently receiving another brand of Clozapine.)

☐ New Patient Enrollment☐ Modification☐ Transferred to another brand of Clozapine☐ Discontinued treatment with Clozapine☐ Discharged from Hospital

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/Mon/YYYY

Reason for Discontinuation \_\_\_\_\_

## SECTION 1. Patient Information

If patient previously enrolled, please indicate

GenCAN number: \_\_\_\_\_

Status: ☐ Inpatient ☐ Outpatient
 Patient \_\_\_\_\_  
 Initials  
 First Last

Prov.: \_\_\_\_\_

Prov. Health Ins. #: \_\_\_\_\_

Gender: ☐ Male ☐ FemaleDate of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/Mon/YYYY Race: ☐ Caucasian ☐ Black ☐ Asian ☐ Other (specify): \_\_\_\_\_

Baseline blood result: WBC Result: \_\_\_\_\_ ANC Result: \_\_\_\_\_ Blood Draw Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/Mon/YYYY

For Continuing Treatment Patient only\*\*:

Start Date on Clozapine: \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/Mon/YYYY Monitoring Frequency: ☐ Weekly ☐ Every 2 weeks ☐ Every 4 weeks  
(Any Brand)

## SECTION 2. Laboratory and Local Case Coordinator/Manager

Laboratory: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ Fax.: (\_\_\_\_) \_\_\_\_\_

Case Manager: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax.: (\_\_\_\_) \_\_\_\_\_

## SECTION 3. To be completed and signed by Principal Pharmacist or Delegate Pharmacist

If pharmacist previously registered, please indicate only GenCAN pharmacist ID number \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Pharmacist License No.: \_\_\_\_\_ Language: ☐ English ☐ French

Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax.: (\_\_\_\_) \_\_\_\_\_

Wholesaler: \_\_\_\_\_ Account #: \_\_\_\_\_

I confirm that all dispensing pharmacists at this location will only dispense Gen-Clozapine on a weekly, two-weekly or monthly basis upon confirmation that the patient has had his/her blood drawn for a Complete Blood Count and Differential (CBC and Diff.) for the current period.

Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/Mon/YYYY

## SECTION 4. To be completed and signed by Treating Physician → ☐ Lab Req. CC to GENCAN 1-800-497-9592

Physician Name: \_\_\_\_\_ Prov. License No.: \_\_\_\_\_ Language: ☐ English ☐ FrenchPatient Treatment Location: \_\_\_\_\_ ☒ Baseline CBC & Diff. completed

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax.: (\_\_\_\_) \_\_\_\_\_

I, the treating physician, will ensure that blood testing (white blood cell count and differential) for this patient (identified above) as required by the clozapine Product Monographs is performed at the specified frequency. I understand that no pharmacy will dispense any brand of clozapine to my patient without my prior knowledge and permission regarding which brand is being dispensed. In this way I will be able to inform the laboratory to send my patient's results to the appropriate manufacturer's clozapine database. I will not prescribe clozapine until the nonchallengeable status of this patient has been verified.

I have informed the patient and he/she has not objected and, in fact, has consented to the release of relevant personal information and safety information held within a clozapine database to any other clozapine database of an approved manufacturer of clozapine in Canada, if needed for the safe utilization of this medication and/or for the continuous monitoring of the patient. The safety information which may be released includes, the non-rechallengeable/hematologic status of the patient, white blood cell counts and absolute neutrophils counts, dates and other information as may be relevant to the safe treatment of the patient with clozapine. Additional relevant personal information which may be released includes patient initials, date of birth, gender, province and health care number.

I have also informed the patient of the existence of the GenCAN Privacy Policy which they may view at www.gencan.ca. In addition, they may contact Genpharm's Privacy Officer directly with questions.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/Mon/YYYY