GenCAN
Gen-Clozapine ACCESS Network

Monitoring With Confidence

PLEASE PRINT CLEARLY
Blood Test Results

Fax to: 1-800-497-9592

Patient(s)

Hematological Test Results

Initials	Date of Birth	GenCAN Number (PROV + HIN #)*	Leukocytes (WBC) X10⁹/L	Neutrophils (absolute count) X10⁹/L	Date Sample Taken

First Last	DD Mon YYYY				DD Mon YYYY

Name of person transmitting these results – PLEASE PRINT CLEARLY

Name: _____

Treatment Location: _____

Tel.: (_____)_____

Please indicate GenCAN number* when transmitting results. If you have any questions, please call GenCAN at 1-866-501-3338.

* Province + Health Insurance Number (eg. BC9999999999)