Patient Registration and Transfer Form

Please complete all fields as appropriate with either a TICK or using BLOCK CAPITALS

Missing information may lead to a delay in registering a patient

SECTION 1: PATIENT DETAILS

(Tick as appropriate)

CURRENTLY ON CLOZAPINE TREATMENT WITH AN ALTERNATE CLOZAPINE SUPPLIER **YES** ☐ **NO** ☐

If ticked as YES, please advise this patient that their personal data will be transferred to an alternative clozapine supplier.

FORENAME

DATE OF BIRTH D D - M M - Y Y Y Y

MIDDLE NAME

Please note: use of Clozaril® in patients under 16 years of age is outside the market authorisation and is 'Off-Label'

SURNAME

MALE ☐ **FEMALE** ☐

ETHNIC ORIGIN: **AFRICAN-CARIBBEAN** ☐ **ASIAN** ☐ **CAUCASIAN** ☐ **MIXED/OTHER** ☐

(Optional) NHS Number/CHI Number

SECTION 2: CLINICAL DETAILS

NAME OF SUPERVISING SPECIALIST FOR PATIENT

YOU MUST IDENTIFY ONE OF THE FOLLOWING 3 OPTIONS FOR DIAGNOSIS:

1. TREATMENT RESISTANT SCHIZOPHRENIA ☐

2. PSYCHOTIC DISORDER IN PARKINSON'S DISEASE ☐

3. OTHER *(Please specify exact diagnosis)*

PLEASE READ: If the diagnosis is 'OTHER' or if treatment with Clozaril® is contra-indicated, or if the patient is taking any other medications contra-indicated for concomitant use with Clozaril® (see section 4 of the Summary of Product Characteristics for Clozaril®), then the use of Clozaril® is outside the Marketing Authorisation and is 'Off-Label'. In such situations, the decision to treat this patient with Clozaril® will be the full responsibility and liability of the named supervising specialist.

Tick appropriate box (mandatory)

Has the patient ever had an episode of Neutropenia? (WBC <3.0x10^9/L and/or neutrophils <1.5x10^9/L) **YES (please contact CPMS)** ☐ **NO** ☐

Has the patient been diagnosed with Benign Ethnic Neutropenia? **YES (please contact CPMS)** ☐ **NO** ☐

All adverse events identified to the CPMS will be reported to the Viatris Pharmacovigilance department and follow-up information may be requested.

SECTION 3: CONTACT INFORMATION

INPATIENT ☐ **OUTPATIENT** ☐

INPATIENT WARD OR OUTPATIENT'S COMMUNITY TEAM

TELEPHONE FOR WARD OR OUTPATIENT'S COMMUNITY TEAM

HOSPITAL/CLINIC/SITE FOR BLOOD COLLECTION *(Address and Postcode)*

NAME OF CPMS REGISTERED DISPENSING PHARMACY

POSTCODE

PATIENT SURNAME

DATE OF BIRTH D D - M M - Y Y Y Y

SECTION 4: INITIAL BLOOD RESULT

a. The initial result may be sent direct to the CPMS Central Laboratory for analysis once patient has been registered with the CPMS.

b. The initial result may be analysed via a PocHi-100i once patient has been registered with CPMS.

c. Local results MUST be analysed by a NEQAS (National External Quality Assurance Scheme) or equivalent laboratory, which must be registered on the CPMS system.

d. If the patient is transferring to CPMS, CPMS will obtain blood results and confirmation of monitoring frequency for this patient from their current clozapine supplier.

DATE SAMPLE TAKEN D D - M M - Y Y Y Y

WBC x10^9/L

NEUTROPHILS x10^9/L

PLATELETS (if available) x10^9/L

EOSINOPHILS (if available) x10^9/L

NAME OF LABORATORY PROVIDING HAEMATOLOGY RESULT

PROPOSED COMMENCEMENT/TRANSFER DATE FOR CLOZARIL TREATMENT D D - M M - Y Y Y Y

PLEASE READ: The initial result MUST be less than 10 days old on the day the patient starts treatment. The next sample MUST be received within 10 days of the initial sample being taken, irrespective of which day the patient commences Clozaril®.

SECTION 5: DECLARATION

All patients on Clozaril® must be registered on the Viatris controlled database ("the CPMS"). Additionally, all patients prescribed Clozaril® or Clozapine drug, who experience a Leucopenia and/or Neutropenia, will be enrolled on a separate UK or Irish Central Non Re-challenge Database ("CNRD"). The CNRD maintains a central record of such adverse reactions to prevent harmful re-exposure to Clozapine. The CNRD databases are controlled by independent companies, CNRD 2002 Limited (UK) and CNRD 2009 Ireland Limited.

The information on your patient held on the CPMS will be processed in accordance with applicable data protection legislation including, but not limited to, UK Data Protection Act 2018, Ireland Data Protection Act 2018 and the General Data Protection Regulation EU 2016/679 (GDPR) ('Applicable Legislation') in order to monitor your patient's blood counts and to assist you and/or other health professionals to make medical decisions regarding such patient's health and to provide you and/or your patient with services connected with Clozaril®. Under the Applicable Legislation the information on your patient held on the CNRD will be held for the sole purpose of preventing re-exposure to Clozapine and will only be made available to the suppliers of Clozapine.

Under the Data Protection Act 2018, a Data Controller is required to obtain and process personal data fairly and lawfully. Since it would not be appropriate for Viatris to contact your patient to obtain their consent to such processing of personal data as outlined above, we request that you provide the information regarding the processing of your patient's personal data as set out above to them.

DECLARATION

To the best of my knowledge the completed information is true and accurate. I confirm that I have explained to my patient, and obtained the patient's consent, that information and tissue samples relating to him/her is held by and processed as described above.

THIS FORM MUST BE SIGNED BY EITHER THE SUPERVISING SPECIALIST OR LEAD CLOZARIL® PHARMACIST* RESPONSIBLE FOR THIS PATIENT. BOTH MUST BE REGISTERED WITH CPMS TO ENABLE PROCESSING.

***BY SIGNING THIS FORM, I CONFIRM THAT THE SUPERVISING SPECIALIST IS AWARE OF THE REGISTRATION WITH THE CPMS**

This registration/transfer form is only valid for 28 days from the date it is signed.
Only the supervising specialist can sign this form for transfer of a patient as this has been agreed between the alternate clozapine monitoring services

FULL NAME

TITLE AND PROFESSIONAL REGISTRATION NUMBER (GMC/IMC/GPhC/PSI)

SIGNATURE

DATE D D - M M - Y Y Y Y

Typed signatures cannot be accepted

PLEASE FAX TO: (UK) 0845 769 8541/8379 or (IRE) 01 662 5961 or EMAIL: cpms@viatris.com

GENERAL ENQUIRIES: (UK) 0845 769 8269 or (IRE) 01 662 1141

(The sending of confidential information should only be performed using an approved method defined by your organisation's information security guidelines)

ADVERSE EVENT REPORTING: UK: Please continue to report suspected side effects to the MHRA through the Yellow Card Scheme. Please report all suspected side effects that are serious or result in harm. Serious reactions are those that are fatal, life-threatening, disabling or incapacitating, those that cause congenital abnormality or result in hospitalisation, and those that are considered medically significant for any reason. It is easiest and quickest to report side effects online via the Yellow Card website: www.yellowcard.mhra.gov.uk or via the YellowCard app available from the Apple App Store or GooglePlay Store. **Ireland:** Reporting suspected adverse reactions after authorisation of the medical product is important. It allows continued monitoring of the benefit/risk balance of the medical product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system HPRA Pharmacovigilance, website: www.hpra.ie Adverse events can also be reported directly to Viatris via: cpms@viatris.com

CLOZARIL® Clozapine PATIENT MONITORING SERVICE

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