CLOZARIL* (clozapine) SUPPORT AND ASSISTANCI
NETWORK

*To facilitate the safe use and continued monitoring of all patients taking clozapine, please ensure

FORM	CSAN° (Fax 1-800-465-1312) is copied on all lab re	quisitions for a standing CBC with differential.
SECTION 1. Patient Information		
New start Indicate previous CSAN* Restart number if known:	For continuing t from another On clozap	
Patient's Initials: First name or initial Last name or initial Provi	incial HC# / File# / EPIC ID (required for automati result transfer)	Frequency: 7 14 28 c
Date of Birth: Y Y M M D D Sex at Birth: M F Sel	If-identify as:	Status: Inpatient Outpatient
Race: Caucasian Black Asian First Nations Other (speci	ify):	Copay #
BASELINE CBC & DIFF. VALUES: Sample Date: Y Y M M D	D Leukocytes (WBC) (Optional) X 10 ⁹ /L	Neutrophils (ANC) X 10º/L
SECTION 2. Institution/Laboratory/Primary Contact		
Institution:	Affiliated:	
Address:	Tel.:	Ext.:
City: Prov.: Postal Code:	_ Fax:	
Laboratory:	_	
Tel.:	_ Fax:	
Local Case Coordinator/Case Manager/Primary Contact		
Name:	Tel.:	Ext.:
Email:	_ Fax:	
SECTION 3. To register the pharmacy. To be completed and sign	ned by Chief Pharmacist or Delegate P	harmacist
Pharmacist:	Pharmacist License No.:	
Pharmacy Name:	Tel.:	Ext.:
Address:	Fax:	
City: Prov.: Postal Code:	Email:	
The pharmacist agrees to dispense CLOZARIL® on a weekly, every-two week or every-four-wee		

Pharmacist Signature

SECTION 4. To register the prescriber. To be completed and signed by the Prescriber

I, the prescriber, will ensure that blood testing (white blood cell count and differential) for this patient (identified above) as required by the PCLOZARIL* (clozapine) Product Monograph is performed at the specified frequency. I understand that no pharmacy will dispense any other brand of clozapine other than CLOZARIL* 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 CSAN*. I will not prescribe CLOZARIL* until the non-rechallengeable status of this patient has been verified.¹ I have informed the patient and they have not objected to the disclosure or exchange of relevant personal information, including medical information, to and with CSAN* from sources of such

I have informed the patient and they have not objected to the disclosure or exchange of relevant personal information, including medical information, to and with CSAN^{*} from sources of such information including laboratories, other clozapine databases, and health care providers as reasonably needed for the safe utilization of this medication and/or for the continuous monitoring of the patient by CSAN^{*}. The information which may be disclosed and exchanged includes, the non-rechallengeable/hematological status of the patient, white blood cell counts and absolute neutrophil counts, dates and other information relevant to the safe treatment of the patient with CLOZARIL^{*}.¹ I confirm that I have appropriately informed the patient about the purpose and content of the CSAN^{*} monitoring service and obtained the consent of the patient for the collection, use, disclosure and exchange of the patient's personal information described above. I have also informed the patient that this consent relating to personal information will remain in effect for as long as the patient is in the CSAN^{*} program, and for a reasonable time after the patient discontinues treatment with CLOZARIL^{*} for administration purposes.

Prescriber Name:				Prov. License No.:		
Address:				Tel.:	Ext.:	
City:	Prov.:	Postal Code:		Fax:		
				Email:		
					Y Y M M D D	
Prescriber Signature					Date	
SECTION 5. Treatr	nent Discontinuation	ı - CLOZARIL® trea	tment wa	as discontinued mainly due to:		
Non compliance	With blood testing	With medication	Both			
Other (specify):				Tel.:	Ext.:	
					Y Y M M D D	
Completed by					Date of discontinuation	
For information on our Dati				The COANS are served in an area of her LUC Theorem exists have		

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