



**Caraco Clozapine Distribution System (CCDS)
FORM D: MULTI-PATIENT WBC COUNT REPORTING FORM**

Internal Use **TEAM Code**

Doctor / Pharmacist : This form is for reporting of weekly / biweekly / monthly WBC Counts of Patients Registered with Caraco's Clozapine Distribution System (CCDS).

Prescriptions will be filled with a current (not more than 7 days) WBC count report

Fields marked with * are required for processing

***PHARMACY STOCKING CODE:** _____

***Pharmacy Name** _____

***Pharmacy DEA/ID#:**

Name _____
Last First Middle

***Fax Number** (_____) _____

***Signature** _____ ***Today's Date** _____
(mm/dd/yy)

***TEAM CODE:** _____

Primary Physician **Covering Physician**

Name _____
Last First Middle

***DEA ID #**

***Fax Number** (_____) _____

***Signature** _____ ***Today's Date** _____
(mm/dd/yy)

Patients		* Patient Code	*Today's Dose (mg/day)	*Date of Blood Draw (mm/dd/yy)	*WBC Count / mm ³	* ANC Count / mm ³	Acceptable for Dispensing? Yes / No	*WBC Reporting	* Patient Treatment Status	Comments
*Initials (F / M / L)	Gender									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Break <input type="checkbox"/> Discontinued	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Break <input type="checkbox"/> Discontinued	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Break <input type="checkbox"/> Discontinued	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Active <input type="checkbox"/> Interrupted <input type="checkbox"/> Break <input type="checkbox"/> Discontinued	

Prescribing Reminders (Based on Blood WBC and differential count monitoring)

Treatment cannot be initiated if WBC < 3500/mm ³ or ANC < 2000/mm ³	If Post Treatment WBC between 3000 and 3500/ mm ³ and/or ANC ≥1500/mm ³ perform twice-weekly WBC and differential counts until WBC > 3500/mm ³ or ANC > 2000/mm ³ .	If WBC counts < 3000/ mm ³ OR ANC < 1500/ mm ³ , interrupt therapy and monitor patient (See Prescription Insert)	If WBC count < 2000/ mm ³ OR ANC < 1000/ mm ³ , therapy should be discontinued and patient should never be rechallenged with Clozapine. (See "Non-Rechallengeable Patient")
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- Treatment Break: A break taken by a patient from Clozapine treatment due to an event other than a Clozapine induced Abnormal Blood Event.
- Interrupted Treatment: This refers to a Clozapine therapy that is interrupted due to a Clozapine-induced Abnormal Blood Event. (WBC <3500/mm³ or ANC <2000/mm³)
- Dispensing of Clozapine within 7 days of the Blood Draw, based on the above Prescribing Reminders
- NP – New Patient EP – Existing Patient

Mail Form to : CCDS, Caraco Pharmaceutical Laboratories Ltd., 1150 Elijah McCoy Drive, Detroit, MI 48202.
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