

**PATIENT BULK TRANSFER FORM (BRAND TO DENZAPINE®) –  
PRESCRIBER APPROVAL FORM**

**Please complete all form fields before submission of application.**

**Missing information may result in delays to patient transfer – to be used in conjunction with Patient Bulk Transfer Form (Brand to Denzapine) – Patient and Pharmacy Details (PV01F48).**

Number of patients transferring to Denzapine from:

**Clozaril**

**Zaponex**

Number of patients on:

**Tablets**

**Suspension**

**The transferring patients have been advised that their data will be transferred to an alternative clozapine supplier.**

Note: This is required as per data protection requirement not patient consent only. If details not provided this may prevent the transfer taking place.

**Transferring To:**

Name of Prescriber: **See Attached Spreadsheet**

Proposed Date of Transfer: **See Attached Spreadsheet**

Additional Information:

**Consultant Psychiatrist / Neurologist / Associate Specialist/ Responsible pharmacist**

I confirm that the patient has been informed that (and has agreed to) his / her data being held on file (whether in electronic or hard copy form). The patient is aware that the data may be used to make decisions about their treatment.

Signature:

Name:

*(Please Print)*

Date:



## PATIENT BULK TRANSFER FORM (BRAND TO DENZAPINE) - PATIENT AND PHARMACY DETAILS FORM

This spreadsheet is to be fully completed for all patients being transferred to Denzapine. A Consultant Psychiatrist / Neurologist / Associate Specialist/ Responsible pharmacist must in addition complete and sign the Patient Bulk Transfer Form (Brand to Denzapine) –Approval Form (PV01F47).

Patient Name	Gender	DoB	Ethnicity	Current Monitoring Frequency	Tablet or Liquid	Prescriber	GMC Number	Pharmacy Site	Collection Center / Ward	Diagnosis? TRS, Parkinsons or Other (If other please state) - will require off label form	BEN (Benign Ethnic Neutropenia)? Y/N	Proposed Date of Transfer	Point of Contact at Hospital	Blood Barcodes to be sent to? Collection center or Pharmacy)