

Apo-Clozapine Risk Management Program

DISPOSITION

APO-CLOZAPINE RISK MANAGEMENT PROGRAM

Phone: **1-877-276-2569**
Website: www.apoclozapine.com

Please complete and fax to:

1-866-836-6778

Patient Initials: _____

Date of Withdrawal: _____ / _____ / _____
DD MMM YYYY

Patient PIN: _____

Last Medication Date: _____ / _____ / _____
DD MMM YYYY

REASON FOR WITHDRAWAL

Patient Request: (please describe)

Physician Decision: (please describe)

Protocol Violation: (please describe)

Agranulocytosis/Neutropenia: (please describe)

Cardiovascular Toxicity: (please describe)

Seizure: (please describe)

Other Adverse Event: (please describe)

Other: (please describe)

TERMINATION FORM COMPLETED BY:

Physician

Apotex Personnel via Telephone Contact

Telephone Contact Date: _____ / _____ / _____
DD MMM YYYY

Physician Signature

DD MMM YYYY

Apotex Employee Signature

DD MMM YYYY