



# ANALYTICAL SERVICES INTERNATIONAL

## Therapeutic Drug Monitoring Request Form

Laboratory Use Only
ASI Lab Number
CB Reference Number
Received Date / Time
Result(s)

CLINICAL CENTRE DETAILS	
<b>Address:</b>	<b>Requestor Details:</b>
	PO Number <i>(essential field)</i> :
	Name:
	Phone: <span style="float: right;">Fax:</span>
	Email:

PATIENT DETAILS	
<div style="border: 1px dashed gray; padding: 5px; min-height: 100px;">           Affix Patient Label Here         </div>	<p style="text-align: center; font-size: small;"><b>Please complete if label is absent, or any information is missing:</b></p> <p>Surname: <input style="width: 150px;" type="text"/>      DOB: <input style="width: 100px;" type="text"/></p> <p>First Name: <input style="width: 150px;" type="text"/>      Hosp/Clinic No.: <input style="width: 100px;" type="text"/></p> <p>Sex: M <input type="checkbox"/>    F <input type="checkbox"/>    Other <input type="checkbox"/>      Sample No.: <input style="width: 100px;" type="text"/></p> <p>Sample Date: <input style="width: 100px;" type="text"/>      Sample Time: <input style="width: 100px;" type="text"/></p>

REQUESTED TEST(S)	
<b>Immunosuppressant:</b>	
<i>EDTA Blood:</i>	
Sirolimus	<input type="checkbox"/>
Everolimus	<input type="checkbox"/>
<i>Plasma or Serum:</i>	
Mycophenolate	<input type="checkbox"/>
<b>Antifungal:</b>	
<i>Plasma or Serum:</i>	
Itraconazole & OH-Itraconazole	<input type="checkbox"/>
Posaconazole	<input type="checkbox"/>
Voriconazole	<input type="checkbox"/>
<b>Cardiac:</b>	
<i>Plasma or Serum:</i>	
Flecainide	<input type="checkbox"/>

REASON FOR REQUEST	
Prophylaxis	<input type="checkbox"/>
Infection: _____	<input type="checkbox"/>
Suspected toxicity	<input type="checkbox"/>
Possible drug/food interaction	<input type="checkbox"/>
Suspected failure	<input type="checkbox"/>
Unexpected TDM result	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

ADDITIONAL CLINICAL NOTES	
PLEASE SEND SAMPLES TO:	
TDM Service Analytical Services International St George's - University of London Cranmer Terrace, Tooting London, SW17 0RE, UK	
ASI CONTACT DETAILS	
Phone +44 (0)20 8725 5345/5881 Fax: +44 (0)20 8767 9687 Email: <a href="mailto:laboratory@bioanalytics.co.uk">laboratory@bioanalytics.co.uk</a>	
URGENT SAMPLES	
If the analysis of a sample is urgent, please contact us by phone on +44(0)20-8725-5345 <b>before</b> sending samples so we can arrange an urgent analysis within our schedule. If you do not call ahead, we may not be able to achieve a faster turn-around of your results.	