

PLASMA ANTIPSYCHOTIC DRUG ASSAY REQUEST FORM

***** Use separate form for clozapine or olanzapine assay requests *****

Please send the completed form with a blood sample (at least **3 mL**, collect into **EDTA** tube) to:

TDM Section, Toxicology Unit, Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 5881, Fax: 020 3299 5888, e-mail: kch-tr.toxicology@nhs.net

***** Pack safely to Post Office regulations *****

- Take the sample **before** a morning dose **or** in the morning after an evening dose (“trough sample”).
Sampling < 6 h post-dose may make the results difficult to interpret/compare with previous results
- Serum can be analysed although plasma is preferred.
- **Addresses** to which the **report** is to be sent **must** be supplied; the **report** will be addressed to the **consultant**, unless otherwise specified.
- Assay results will be available within 3 - 5 working days of sample receipt (**register with our free, secure Results On-Line service at <http://www.viapath.co.uk/results>**).

Patient

Last name		
First name(s)		
Drug assay required		
NHS or Hospital number		
Date of birth	Sex M / F	Weight (kg)
Date and time sample taken? (24hr clock) DD / MM / YY h : min		
Date and time of last dose? (24hr clock) DD / MM / YY h : min		
Drug dose (mg/d)?	Smoker? YES NO (includes eCig / NRT)	

Report and invoice

Assay requested by
Phone number
Consultant
*Address for report
Postcode
If this service has recently moved, please tick here <input type="checkbox"/>
*Invoicing: is the organisation NHS / Private / Non-UK
Invoice address:
Purchase order number:

Reason for request:

- | | |
|--|--|
| <input type="checkbox"/> Baseline value? | <input type="checkbox"/> Poor / non-compliance? |
| <input type="checkbox"/> Dose correct? | <input type="checkbox"/> Drug interaction? |
| <input type="checkbox"/> Adverse reaction? | <input type="checkbox"/> Other (describe below)? |

Other medication:

Please affix patient label here if available