

PLASMA CLOZAPINE ASSAY REQUEST FORM

Please send the completed form with a blood sample (at least 2 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 - Do not send with courier for FBC *****

- 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 2 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)		
Clozapine Monitoring Service number		
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 clozapine dose? (24hr clock)		
DD / MM / YY		h : min
Clozapine dose (mg/d)?	Smoker? YES NO (includes eCig / NRT)	

Please affix CPMS, DMS, ZTAS or alternative label here if available

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: