

PLASMA OLANZAPINE ASSAY REQUEST FORM

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 ***

- Normally take the sample approximately **12 hours after dosage** to aid interpretation of the result
- 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		Olanzapine
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
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