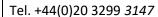
IMMUNOSUPPRESSIVE DRUG MONITORING (IDM) SERVICE

Liver Labs, Institute of Liver Studies

3rd Floor Cheyne Wing, King's College Hospital NHS Foundation Trust Denmark Hill, London *SE5 9RS*





PATIENT INFORMATION *		SPECIMEN	SPECIMEN INFORMATION *			REFERRER INFORMATION *	
SURNAME			Lab no.			Name	
FORENAME			Specimen Taken	Date (dd/mm/yyyy)		Hospital / Location	
DOB / AGE			•	Time (24hr format)		REPORT / RESULTS DE	STINATION / COMMUNICATION *
SEX		ADDITIONA	AL SPECIMEN II	NFORMATION *		Tel. / FAX	
○ KING'S	HOSPITAL NO.	Last dose	date (dd/mm/	уууу)		Email	
○ EXTERNAL		<u> </u>	e time (24hr fo				
○ NHS	NHS No.		SPECIMEN: 2mL EDTA anti-coagulated whole blood (0.5 mL plasma for Mycophenolate)				
○ Private		plasma for					
Others						Address	
Please Specify:						(please include Postcode)	
Ward / Clinic							
ASSAY REQUIR	ED *	CLINICAL D	CLINICAL DETAILS *				
Tacrolimus		(transplant t	(transplant type, reason for request, etc.)				
Please Specify: Prograf □							
Advagraf 🗆			Daily dosage & regimen:				
Ciclosporin (e.g. Neoral)							
Sirolimus (e.g. Rapamune)							
Everolimus (e.g. Certican)						Billing Address & Email (if not same as above)	
Mycophenolate ** (e.g. CellCept)		_				(II HOL Same as above)	
**Note that plasma is preferred for		Daily dosag					
mycophenolate assay Ribavirin: Please contact the lab							
BEFORE taking	i						
	•	Results are	Specimen should be taken just before the next dose. Results are available within 24 hours of specimen receipt and will be despatched by post. Please contact the laboratory if you require results to be emailed				
For IDM laborate	ory use:		Received by:				
Lab #			Date & Time:				
					BY A FULLY COMP	LETED REQUEST FORM SE	NT TO OUR ADDRESS ABOVE
For further information: Tel. +44 (0)20 3299 3147 email: kch-tr.KCHIDMService@nhs.net							