

## PLASMA TYROSINE KINASE INHIBITOR ASSAY REQUEST FORM

Please send completed form with a blood sample (2 ml collected into EDTA tube or 1ml EDTA plasma) to:

TDM Section, Toxicology Unit, 3<sup>rd</sup> floor Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 5878, e-mail: <u>kch-tr.toxicology@nhs.net</u>
For result queries please contact customer services

Tel: 020 4513 7300 e-mail: <a href="mailto:customerservices@synnovis.co.uk">customerservices@synnovis.co.uk</a>

## \*\*\* Pack safely to Post Office regulations \*\*\*

- Samples should be taken 12 hours post-dose, collected prior to the morning sample in twice-daily dosing ("trough sample")
- 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 5 working days of sample receipt
- For information about electronic reporting please contact customer services

Patient			Report and invoice
Last name:			Assay requested by:
First name(s):			Phone / bleep no:
Drug assay required (please tick):			E-mail address:
☐ Dasatinib ☐ Nilotinib			
☐ Imatinib			Consultant:
NHS or Hospital number:			
			*Address for report & invoice (if invoice address is
Date of birth: Sex.	: M/F	Weight (kg):	different, use space below)
Date and time sample taken? (24-hour clock)			
DD / MM / YY h: m			
Date and time of last dose? (24-hour clock)			Postcode
DD / MM / YY h : m			
Drug dose (mg/d)?	e (mg/d)? Smoker?		*Address for invains (9 and control if and dod)
	□YES		*Address for invoice (& cost centre if needed)
□NO (includes eCig/NRT)		ludes eCig/NRT)	
Reason for request:			_ 
☐ Baseline value? ☐ Poor / non-compliance?			
		describe below)?	Postcode
			* Invoice details may be omitted if invoice address/cost centre already notified for this patient
Other medication (please detail):			
,			
			Please affix patient label here if available