

Please send completed form with a blood sample (2 ml collected into EDTA tube or 1ml EDTA plasma) to:
TDM Section, Toxicology Unit, 3rd floor Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 5878, e-mail: kch-tr.toxicology@nhs.net

For result queries please contact customer services

Tel: 020 4513 7300 e-mail: customerservices@synnovis.co.uk

***** 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

Last name:		
First name(s):		
Drug assay required (please tick):		
<input type="checkbox"/> Fluconazole	<input type="checkbox"/> Posaconazole	
<input type="checkbox"/> Itraconazole	<input type="checkbox"/> Voriconazole	
NHS or Hospital number:		
Date of birth:	Sex: M / F	Weight (kg):
Date and time sample taken? (24-hour clock)		
DD / MM / YY		h : m
Date and time of last dose? (24-hour clock)		
DD / MM / YY		h : m
Drug dose (mg/d)?	Smoker?	
	<input type="checkbox"/> YES	
	<input type="checkbox"/> NO (includes eCig/NRT)	

Report and invoice

Assay requested by:
Phone / bleep no:
E-mail address:
Consultant:
*Address for report & invoice (if invoice address is different, use space below)
Postcode
*Address for invoice (& cost centre if needed)
Postcode
* Invoice details may be omitted if invoice address/cost centre already notified for this patient

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 detail):	

Please affix patient label here if available