

PLASMA TRIAZOLE ANTIFUNGAL 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 ***

- Take the sample **before** a morning dose ("trough sample").
- Serum can be analysed although plasma is preferred.
- Addresses to which the report and the invoice are to be sent must be supplied.
- The report will be sent to the consultant, unless other arrangements are specified or in place.
- Assay results will normally be available within 3-4 working days of sample receipt (log on to http://www.viapath.co.uk/results to register with our free, secure Results On-Line service).

Patient			Report and invoice
Last name			Assay requested by
First name(s)			Phone / bleep no
Drug assay required			E-mail address
Hospital or NHS no			Consultant
Date of birth	Sex M / F	Weight (kg)	*Address for report & invoice (if invoice address is different, use space below)
Date of sample?	Time of s	ample?	
Date of last dose of drug	? Time of I	ast dose of drug?	
Drug dose (mg/d)?	Smoker?	YES/NO	
Reason for request:			Postcode
Baseline value? Poor / non-compliance?			*Address for invoice (& cost centre if needed)
Dose correct?			
Adverse reaction? Cher (please give details)?			
Other information?			
			Postcode
			* Invoice details may be omitted if invoice address/cost centre already notified for this patient