

PLASMA/SERUM LAMOTRIGINE 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 *****

- Normally take the sample approximately **12 hours after dosage** to aid interpretation of the result
- **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 5 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

Last name		
First name(s)		
Hospital or NHS no		
Date of birth	Sex M / F	Weight (kg)
Date of sample?	Time of sample?	
Date of last lamotrigine dose?	Time of last lamotrigine dose?	
Lamotrigine dose (mg/d)?		

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 (please give details)? |

Other information?

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