

**PLASMA ANTIPSYCHOTIC DRUG ASSAY REQUEST FORM**

**\*\*\* Use separate form for clozapine or olanzapine assay requests \*\*\***

Please send the completed form with a blood sample (at least 3 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](mailto:kch-tr.toxicology@nhs.net)**

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

- Take the sample **before** a morning dose **or** in the morning after an evening dose (“trough sample”).  
**Sampling < 6 h post-dose may make the results difficult to interpret/compare with previous results**
- Serum can be analysed although plasma is preferred.
- **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 3 - 5 working days of sample receipt (**register with our free, secure Results On-Line service at <http://www.viapath.co.uk/results>**).

**Patient**

Last name		
First name(s)		
<b>Drug assay required</b>		
NHS or Hospital number		
Date of birth	Sex M / F	Weight (kg)
Date and time sample taken? (24hr clock) DD / MM / YY h : min		
Date and time of last dose? (24hr clock) DD / MM / YY h : min		
Drug dose (mg/d)?	Smoker? YES NO ( includes eCig / NRT)	

**Report and invoice**

Assay requested by
Phone number
Consultant
*Address for report
Postcode
If this service has recently moved, please tick here <input type="checkbox"/>
*Invoicing: is the organisation NHS / Private / Non-UK
Invoice address:
Purchase order number:

**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 affix patient label here if available