Antimicrobial Reference Laboratory

Severn Infection Sciences Partnership, North Bristol NHS Trust

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For clinical advice - 07802 720 900

REQUEST FOR THERAPEUTIC DRUG MONITORING

PATIENT DETAILS - *Essential information*

Surname (capitals)		**Forename(s)**	
Date of Birth		**Sex***	**M/F**
Assay required		**Biohazard***	**Y/N**

Additional information (optional)

Hospital/NHS number	
Antibiotic dose	
Frequency	
Duration of treatment	
Condition being treated	
Any significant pathology	
Purchase Order Number	

**delete as appropriate*

SAMPLE DETAILS

Sample type				
Total number of samples enclosed for this patient				
Sample*	Reference number	Differentiated*	Sample Date	Sample Time
1		Pre/post/random		
2		Pre/post/random		
3		Pre/post/random		
4		Pre/post/random		
5		Pre/post/random		

**delete as appropriate*

SOURCE LABORATORY DETAILS

Department		
Hospital		
Address[#]		
	Postcode	
Please phone (direct number) my result to the following number		

Please email ARLenquiries@nbt.nhs.uk if you wish your results to be emailed to you

[#]*Please also supply billing address if different*

FOR REFERENCE LABORATORY USE