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| **Anti-seizure medication assay request form** Please complete this form and send with a sample to:**Therapeutic Drug Monitoring Unit, Chalfont Centre for Epilepsy, Chalfont St Peter, Gerrards Cross, SL9 0RJ****Tel:** **01494 601 423/4; email: TDM\_Unit@epilepsysociety.org.uk** **\*\*\*** Pack sample safely according to UN3373 regulations – Send by Royal Mail or with courier **\*\*\***1. Take the sample immediately **before** next oral dose (“trough sample”).
2. Both serum and plasma samples are suitable for analysis.
3. An **address** to which the **invoice** is to be sent **must** be supplied.
4. Information given here will be entered on a TDM Unit’s database and used to help interpret the result.
5. The **report** will be sent to the **requester**, unless other arrangements are specified or in place.
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| **Patient details** |
| **Last name** | ***First name(s)***Enter FirstName | **Date of birth**Enter Date | ***Sex*** |
| ***NHS No.***Enter NHS No. | ***Hospital No.***Enter Hospital No.. | ***Ethnicity***Choose Ethnicity | ***Weight (KG)***Enter Weight. |
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| **Sample Details** |
| ***Sample type***Sample Type | ***Sample Date***Enter Date | ***Sample Time(HH:MM AM/PM)***Choose Hours ***:*** Choose MinutesChoose AM/PM |
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| **Dose Details** |
| ***Anti-seizure medication(s) assay(s) requested******1)*** Choose ASM***2)*** Choose ASM***3)*** Choose ASM***4)*** Choose ASM | ***Dose of anti-seizure medication(s)******1)*** Enter Dosage***2)*** Enter Dosage***3)*** Enter Dosage***4)*** Enter Dosage | ***Dosage regimen of anti-seizure medication(s)******1)*** Enter Regimen***2)*** Enter Regimen***3)*** Enter Regimen***4)*** Enter Regimen |
| ***Date of last anti-seizure medication(s) dose*** Enter date | ***Time of last anti-seizure medication(s) dose(HH:MM AM/PM)***Choose Hours ***:*** Choose MinutesChoose AM/PM |
| ***Other medication* *(drugs & doses)***Enter Other Meds details |
| ***Reason for assay and other information which may help interpret the result (duration of treatment, indication for which medication is being prescribed, response, etc.)***Enter reason and other relevant information. |
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| **Report Details** | **Invoice Details (if different from Report)** |
| ***Purchase Order*** | Enter Purchase Order | ***Cost Center*** | Enter Cost Center |
| ***House No / Name*** | Enter House No./Name | ***House No / Name*** | Enter House No./Name |
| ***Street*** | Enter Street | ***Street*** | Enter Street |
| ***Town/County*** | Enter Town | ***Town/County*** | Enter Town |
| ***Post Code*** | Enter Post Code | ***Post Code*** | Enter Post Code |
| ***Email Address*** | Enter Email | ***Email Address*** | Enter Email |
|  |
| ***Requestor Details*** |
| **Assay Requestor**Enter Requestor Name | ***Request Date*** Today’s Date | ***Reference Number*** Enter RefNO |
| ***Consultant***Enter Consultant Name | ***Mobile / Phone / bleep no***Enter Phone No. |