Western Cape Government
Health
BETTER TOGETHER.

DIVISION OF CLINICAL PHARMACOLOGY
GROOTE SCHUUR HOSPITAL

In association with
University of Cape Town · iYunivesithi yaseKapa · Universiteit van Kaapstad

Division of Clinical Pharmacology, K50-30, Old Main Building, GSH

Laboratory: (021) 404 5383/(021) 406 6295 Pharmacologist on call: 071 216 0207, speed-dial 77294

Patient identification (incomplete information will delay result)

Surname, initials		Ward*	
Folder No.		Requesting doctor	
Hospital		Persal number	
Date of Birth		Contact no./speed-dial**	
Gender	Male Female	Signature	

PLEASE NOTE: *If you do not supply a location, you will not receive a test report. **If no contact number appears, you will not be contacted in the case of an unusual result and clinical consultation cannot take place. Results produced after 16:00 may be telephoned out to the ward specified. Specimens may be rejected if patient name/number, practitioner name, signature and persal/practice number or hospital/clinic/ward are omitted.

Reason for Request and Relevant Information (MUST be completed - essential for interpretation of results)

Diagnosis: ___________________________

____

Comorbidities_________________________

____

____

Concomitant medications:

Drug	Start date	Most recent dose date

- ☐ Hepatic dysfunction
- ☐ Overdose: details: ______________________________
- ☐ Paediatric patient
- ☐ Possible drug interaction: rifampicin
- ☐ Possible drug interaction: other, specify: _________________
- ☐ Renal impairment: creatinine clearance (mL/min): __________
- ☐ Routine monitoring
- ☐ Suspected non-adherence
- ☐ Suspected malabsorption
- ☐ Suspected toxicity. Symptoms: _____________________
- ☐ Treatment failure: details: ________________________
- ☐ Other reason: specify: ___________________________

Sampling information (MUST be completed-essential for interpretation of results)

Sample time (hh:mm)	Sample date (dd/mm/yyyy)	Type of specimen
		☐Blood ☐Urine ☐Other (specify):

Dosing information:

Drug	Dose	Date of last dose (dd/mm/yyyy)	Time of last dose (hh:mm)	Date of first dose (dd/mm/yyyy)

Tests required (TROUGH: just before next dose; PEAK: 1 h after end of administration)

Blood tests (>0.3 mL blood per test)
Red/green/purple/yellow top tube

- ☐ Amikacin trough
- ☐ Amikacin peak
- ☐ Carbamazepine
- ☐ Digoxin (≥ 6 hours post-dose)
- ☐ Gentamicin trough
- ☐ Gentamicin peak
- ☐ LC MS/MS TOX *(discussion only)*
- ☐ Methotrexate
- ☐ Phenobarbital (> 8 h post-dose)
- ☐ Phenytoin (> 8 h post-dose)
- ☐ Salicylate
- ☐ Theophylline
- ☐ ***Tricyclic antidepressants (NO GEL)***
- ☐ Tobramycin trough
- ☐ Tobramycin peak
- ☐ Valproate
- ☐ Vancomycin trough
- ☐ Vancomycin continuous infusion

Urine drug screen
(>0.15 mL urine per test)

- ☐ Amphetamines
- ☐ Benzodiazepines
- ☐ Cannabinoids
- ☐ Cocaine
- ☐ Opiates
- ☐ LC MS/MS TOX *(discussion only)*

Immunosuppressants
(0.5 mL blood per test)
Purple top tube

- ☐ Cyclosporine C2 (2 h post-dose)
- ☐ Cyclosporine trough
- ☐ Mycophenolic acid
- ☐ Tacrolimus
- ☐ Sirolimus

Other tests (by discussion only)

Test requested:

Discussed with:

Specialised UCT assays > 0.1 ml blood per request
Green or purple top tube ONLY. No gel.

Please provide all clinical details and the request reason.

Weight (kg): ________ Height (m) : ______

Rifampicin: both 2 and 6 h samples essential (biweekly)

☐2 h post-dose ☐6 h post-dose Dose (mg): _______

☐Pulmonary TB ☐Extrapulmonary, specify: ________

Regimen: ☐New case ☐Retreatment

Phase: ☐New case ☐Retreatment

Months completed: ________

Antiretrovirals: assayed biweekly

- ☐ Efavirenz mid-dosing interval (10–20 h post-dose)
- ☐ Nevirapine trough ☐ Lopinavir trough

ARV dose (mg): ______________________

Viral load (c/mL): _________ Date: ___________

CD4: ________________ Date: ___________

Concomitant ART: ☐3TC ☐ABC ☐ATV ☐DRV

☐FTC ☐TDF/TAF Other ARVs: _____________

☐ **Amlodipine:** assayed monthly

Blood pressure: __________ mm Hg

For electronic and after hours results (GSH ONLY), please access your ward computer "WWDISA Pharmacology".