### Patient identification (incomplete information will delay result)

<table>
<thead>
<tr>
<th>Surname, initials</th>
<th>Ward*</th>
<th>Requesting doctor</th>
<th>Persal number</th>
<th>Contact no./speed-dial**</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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:
- [ ] 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: ____________________________

### Comorbidities
- [ ] Diabetes mellitus
- [ ] Hypertension
- [ ] Cardiovascular disease
- [ ] Pulmonary disease
- [ ] Renal impairment
- [ ] Gastrointestinal disease
- [ ] Liver disease
- [ ] Autoimmune disease
- [ ] Neurological disease
- [ ] Infectious disease
- [ ] Oncological disease
- [ ] Other

### Concomitant medications:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Start date</th>
<th>Most recent dose date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Specialised UCT assays
- [ ] Blood
- [ ] Urine
- [ ] Other (specify): __________________

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

<table>
<thead>
<tr>
<th>Sample time (hh:mm)</th>
<th>Sample date (dd/mm/yyyy)</th>
<th>Type of specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Blood</td>
</tr>
</tbody>
</table>

### Dosing information:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Date of last dose (dd/mm/yyyy)</th>
<th>Time of last dose (hh:mm)</th>
<th>Date of first dose (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### 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 TOX (discussion only)
  - [ ] 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)

#### Imunosuppressants
- [ ] (0.5 mL blood per test)
  - [ ] Cyclosporine C2 (2 h post-dose)
  - [ ] Cyclosporine trough
  - [ ] Mycophenolic acid
  - [ ] Tacrolimus
  - [ ] Sirolimus

#### Other tests (by discussion only)

<table>
<thead>
<tr>
<th>Test requested:</th>
<th>Discussed with:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### Specialised UCT assays
- [ ] > 0.1 mL blood per test
  - [ ] Green or purple top tube ONLY. No gel.
- [ ] Rifampicin: both 2 and 6 h samples essential (biweekly)
  - [ ] 02 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

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

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