THERAPEUTIC DRUG MONITORING (TDM) REQUEST FORM

DEPARTMENT OF PHARMACOLOGY
MEDICAL RESEARCH INSTITUTE

Contact number: 0112693532, 0112693533, 011263534 Ext; 467

FOR ALL THERAPEUTIC DRUG MONITORING, PLEASE FILL UP THE FOLLOWING PATIENT INFORMATION

PATIENT PARTICULARS		
Name :	**Gender: M / F**	**Age :**
Hospital:	**Ward/Clinic/ICU :**	
BHT :	**Weight (kg) :**	**Contact number:**

CLINICAL SUMMARY & DIAGNOSIS	
	For Organ Transplanted patients
	Date of Transplant:

INDICATION FOR REQUEST			PATIENT CONDITION			HIGH RISK CATOGORIES	
Lack of efficacy	☐	Other *(please specify):*	Oedema	☐	Dehydration ☐	HIV	☐
Toxicity Suspected	☐		Liver Disease	☐	Other *(please specify):*	Hepatitis B / C	☐
Dose adjustment	☐		Dialysis	☐		Other *(please specify):*	
Non-compliance	☐		Burn	☐			

LABORATORY RESULTS *(if available)*						CONCURRENT MEDICATIONS
Parameter	**Date**	**Results (Unit)**	**Parameter**	**Date**	**Results (Unit)**	*(list any other medications the patient is currently taking)*
Creatinine			Albumin			
Blood Urea			WBC			
K^+/ Na^+			CRP			
ALT/ AST/ALP			Other			

****In the table below, fill only the row containing the drug to be analysed.***
****Use plain tubes for all the drugs except for Cyclosporin/ Tacrolimus, use EDTA tubes for Cyclosporin & Tacrolimus.***

DRUG ANALYSIS										
DRUG TO BE ANALYSED *(tick (√) only the requested drug)*			**PRESENT DOSE REGIMEN**	**DOSE STARTED**		**LAST DOSE GIVEN**		**PREVIOUS DRUG LEVEL** *(if any)*	**SAMPLE COLLECTION** *(for drug analysis)*	
	Generic name	**Brand name** *(given to the patient)*		Date	Time	Date	Time		Date	Time
	Tacrolimus									
	Cyclosporin									
	Vancomycin									
	Gentamicin									
	Carbamazepine									
	Sodium Valproate									
	Other									

Route of Administration					Drug Level to be Monitored			
Oral	☐	IM	☐	Other *(please specify):*	Peak Level	☐	Random Level	☐
IV	☐	Subcutaneous	☐		Trough Level	☐		

REQUESTED BY:	**RECEIVED BY:**
Doctor's Signature: …………………………… Date: ……………..	Received Date and Time: ……………………………………………………………….
Consultant Name & Stamp :	**Remarks:** …………………………………………………………………………………………
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