

MRN:

Last Name:

First Name:

Gender: Male Female

Date of Birth (DD/MM/YYYY):

**ANTIRETROVIRAL THERAPEUTIC DRUG
MONITORING PROGRAM**

Antiretroviral Requisition

For Outside SickKids:

Referring Physician:

Referring Institution:

Mailing Address:

Phone Results to: Tel # :

Fax #:

For Within SickKids:

Ordering Physician:

Registration #:

Patient Location:

Patient Information:

Weight: _____ kg

Height: _____ m

Pregnancy: No Yes # weeks gestation: _____

Last viral load: _____ cpm

Date: _____

Last CD4 count: _____

Date: _____

Genotype (please attach): _____

Reason for Therapeutic Drug Monitoring (please check all that apply)

Virological Failure

Suspicion of intoxication

Paediatrics

Drug Interaction

Hepatic impairment

Once-daily dosing

Suspicion of non-adherence

Suspected malabsorption

Validation post-dosage adjustment

Other (specify): _____

Current other medications (drug names):

Drug(s) to be monitored (check all that apply)

Collection Date & Time

DD/MM/YYYY: _____ HH:MM: _____

Drug Name	Date & Time of Last Dose (DD/MM/YYYY) (hh:mm)	Dose mg
<input type="checkbox"/> Amprenavir		
<input type="checkbox"/> Atazanavir		
<input type="checkbox"/> Darunavir		
<input type="checkbox"/> Efavirenz		
<input type="checkbox"/> Etravirine		
<input type="checkbox"/> Indinavir		
<input type="checkbox"/> Lopinavir		
<input type="checkbox"/> Maraviroc		
<input type="checkbox"/> Nelfinavir		
<input type="checkbox"/> Nevirapine		
<input type="checkbox"/> Raltegravir		
<input type="checkbox"/> Ritonavir		
<input type="checkbox"/> Saquinavir		
<input type="checkbox"/> Tipranavir		

Blood Collection

- **Preferred collection time** is a pre-dose trough sample (0 – 30 minutes prior to next dose)
- If this is not possible, the blood may be collected at the **times indicated in the chart on the right:**

- **Peak collection times** are indicated in the chart below:

Frequency	Collection Time
Twice daily dosing	6 – 14 hours post dose
Once daily dosing	12 – 26 hours post dose
Efavirenz	≥ 10 hours post dose

Collection Time	Drug(s)
2 – 4 hours post dose	Amprenavir, Atazanavir, Darunavir, Indinavir, Nelfinavir, Nevirapine
4 – 6 hours post dose	Efavirenz, Lopinavir

Sample Type

Note: DO NOT use blood collection tubes that contain a gel

- One heparinized (green top) 5 mL collection tube is required
- Minimum volume (for children) is 3 mL heparinized blood
- Centrifuge within 2 hours of collection and transfer the plasma to a clean tube
- If the sample is being shipped the same day store the sample at 4° C
- For longer term storage, the plasma should be frozen at -20° C until shipped
- Transport with a cold pack

Specimen Transport

- Samples should be sent Monday to Thursday, to ensure receipt in the laboratory before the weekend