

**THERAPEUTIC DRUG MONITORING**

Referred-in Requisition

Urgency  STAT  Routine

Clinical Comments:

Collection Date (DD-MM-YYYY)

Collection Time (hh:mm)

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Gender:  Male  Female

Ontario Health Card #:

Version:

History / Client #:

Referring Physician:

Referring Institution:

Address:

Phone Results to:

Tel #:

Fax #:

Referring Specimen/Reference #:

ANTIBIOTICS	Specimen Requirements
<b>Amikacin</b>	0.5 mL, plasma or serum
<input type="checkbox"/> Amikacin Trough	
<input type="checkbox"/> Amikacin Peak	
<input type="checkbox"/> Amikacin Special	
<b>Gentamicin</b>	0.5 mL plasma
<input type="checkbox"/> Gentamicin Trough	
<input type="checkbox"/> Gentamicin Peak	
<input type="checkbox"/> Gentamicin Special	
<b>Tobramycin</b>	0.5 mL, plasma or serum
<input type="checkbox"/> Tobramycin Trough	
<input type="checkbox"/> Tobramycin Peak	
<input type="checkbox"/> Tobramycin Special	
<b>Vancomycin</b>	0.5 mL, plasma or serum
<input type="checkbox"/> Vancomycin Trough	
<input type="checkbox"/> Vancomycin Peak	
<input type="checkbox"/> Vancomycin Special	
ANTI-FUNGAL	Specimen Requirements
<input type="checkbox"/> Voriconazole	0.5 mL plasma

ANTICONVULSANTS	Specimen Requirements
<input type="checkbox"/> Carbamazepine	0.5 mL, plasma or serum
<input type="checkbox"/> Carbamazepine 10, 11-Epoxide	0.5 mL, plasma or serum
<input type="checkbox"/> Ethosuximide	0.5 mL, plasma or serum
<input type="checkbox"/> Lamotrigine	0.5 mL, serum
<input type="checkbox"/> Phenobarbital	0.5 mL, plasma or serum
<input type="checkbox"/> Phenytoin (Total)	0.5 mL, plasma or serum
<input type="checkbox"/> Phenytoin (Free)	1.0 mL, plasma or serum
<input type="checkbox"/> Primidone	0.5 mL, plasma or serum
<input type="checkbox"/> Valproic Acid (Total)	0.5 mL, plasma or serum
<input type="checkbox"/> Valproic Acid (Free)	1.0 mL, plasma or serum

IMMUNOSUPPRESSANTS	Specimen Requirements
<input type="checkbox"/> Azathioprine Metabolites/Thiopurine Metabolites (6-TG, 6-MMP)	5.0 mL, EDTA, whole blood
<input type="checkbox"/> Cyclosporine	0.5 mL, EDTA, whole blood
<input type="checkbox"/> Mycophenolic Acid (MPA)/Mycophenolate Mofetil (MMF)	0.5 mL, EDTA, plasma
<input type="checkbox"/> Sirolimus (Rapamycin)	0.5 mL, EDTA, whole blood
<input type="checkbox"/> Tacrolimus (FK506)	0.5 mL, EDTA, whole blood

ONCOLOGY	Specimen Requirements
<input type="checkbox"/> Busulfan	1.0 mL, plasma or serum
Date & Time of Last Dose (DD/MM/YYYY) (hh:mm) _____h	
<input type="checkbox"/> Methotrexate	0.5 mL, plasma or serum
Date & Time of Last Dose (DD/MM/YYYY) (hh:mm) _____h	

CARDIAC	Specimen Requirements
<input type="checkbox"/> Digoxin (Total)	0.5 mL, plasma or serum
<input type="checkbox"/> Digoxin (Free)	2.0 mL, plasma or serum

SEDATIVE	Specimen Requirements
<input type="checkbox"/> Pentobarbital	1.2 mL, plasma or serum

SickKids Lab #

LABORATORY USE ONLY