

Please send completed form with a blood sample (2 ml collected into EDTA tube or 1ml EDTA plasma\*) to:  
**TDM Section, Toxicology Unit, 3<sup>rd</sup> floor Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS**

Tel: 020 3299 5878, e-mail: [kch-tr.toxicology@nhs.net](mailto:kch-tr.toxicology@nhs.net)

*For result queries please contact customer services*

Tel: 020 4513 7300 e-mail: [customerservices@synnovis.co.uk](mailto:customerservices@synnovis.co.uk)

**\*\*\* Pack safely to Post Office regulations \*\*\***

- Samples should be taken 12 hours post-dose, collected prior to the morning sample in twice-daily dosing ("trough sample")
- \*Lithium Heparin and Serum Separator Tube (gel) are also acceptable.
- **Addresses** to which the **report** is to be sent **must** be supplied; the **report** will be addressed to the **consultant**, unless otherwise specified
- Assay results will be available within 5 working days of sample receipt
- **For information about electronic reporting please contact customer services**

**Patient**

Last name:		
First name(s):		
NHS or Hospital number:		
Date of birth:	Sex: M / F	Weight (kg):
Date and time sample taken? (24-hour clock)		
DD / MM / YY		h : m
Date and time of last dose? (24-hour clock)		
DD / MM / YY		h : m
Teicoplanin dose (mg/d)?		

**Report and invoice**

Assay requested by:
Phone / bleep no:
E-mail address:
Consultant:
*Address for report & invoice (if invoice address is different, use space below)
Postcode
*Address for invoice (& cost centre if needed)
Postcode
* Invoice details may be omitted if invoice address/cost centre already notified for this patient
Please affix patient label here if available

Reason for request:	
<input type="checkbox"/> Baseline value?	<input type="checkbox"/> Poor / non-compliance?
<input type="checkbox"/> Dose correct?	<input type="checkbox"/> Drug interaction?
<input type="checkbox"/> Adverse reaction?	<input type="checkbox"/> Other (describe below)?
Other medication (please detail):	