# PLASMA/SERUM TEICOPLANIN ASSAY REQUEST FORM

Please send completed form with a blood sample (**2 ml** collected into **EDTA** tube or **1ml EDTA** plasma*) to:
**TOXICOLOGY, 1st floor Synnovis Hub, Friars Bridge Court, 41-43 Blackfriars Road, London, SE1 8NZ**
**Tel: 0204 591 0056 or 0204 591 0054, e-mail: toxicologystaff@synnovis.co.uk**
*For result enquiries please contact customer services*
**Tel: 020 4513 7300 e-mail: 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)?*

*Reason for request:*
☐ Baseline value?        ☐ Poor / non-compliance?
☐ Dose correct?          ☐ Drug interaction?
☐ Adverse reaction?      ☐ Other (describe below)?

*Other medication (please detail):*

## 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

This form may be downloaded from http://www.synnovis.co.uk/our-tests/teicoplanin