**Leslie Brent Laboratory Patient Request Form**

Ground Floor, Imperial College Healthcare Renal & Transplant Centre, Hammersmith Hospital, Du Cane Road,

W12 OHS (🕿 020 331 36637 / 36638 / 36639 🖶 020 331 36640 email: imperial.leslie.brentlab@nhs.net)

Hospital Site (CXH/SMH/HH): Ward:

Surname: Ext/Bleep/Fax/email:

Forename: Requested By:

Hospital Number: DOB: Consultant:

NHS Number: Gender: **BLOCK CAPITALS PLEASE**

Drug One:

Date Last Dose (dd/mm/yy):

Time Last Dose (hh:mm):

Collection Date (dd/mm/yy):

Collection Time (hh:mm):

Drug Two:

Date Last Dose (dd/mm/yy):

Time Last Dose (hh:mm):

Collection Date (dd/mm/yy):

Collection Time (hh:mm):

Clinical Details: please note any drugs indicated by asterisk here.

**Therapeutic Drug Monitoring - Test Requested (Please Tick)**

Cyclosporine A (CSA/CyA)**ᴧ**

Tacrolimus (FK506)**ᴧ**  **Please Circle:** Adoport/Prograf or Advagraf

***Please Note:***

Samples should be taken pre dose such that a **TROUGH** sample is taken at 8 to 12 hrs post dose or 24hrs if taking Advagraf formulation of Tacrolimus or if on Sirolimus.

For 5-Flucytosine samples should be taken pre dose then 2hrs after oral dose taken or 30 mins if intravenous dose.

Contact the laboratory for further details on

020 331 36637

Mycophenolic Acid (MPA)**ᴧ**

Sirolimus/Rapamycin**ᴧ**

Hydroxychloroquine (HCQ)**ᴧ**

Voriconazole**ᴧᴧ**

Posaconazole**ᴧᴧ**

**\***Itraconazole/**\*\***Hydroxy-Itraconazole**ᴧᴧ**

**\*\*\***5-Flucytosine**ᴧᴧ**

**ᴧ**Requires EDTA “**Purple** Top” **ᴧᴧ**Requires EDTA “**Purple** Top” or **Red** Plain

***\*Please indicate if the patient is on Atazanavir***

***\*\*Please indicate if the patient is on Ritonavir***

***\*\*\*Please indicate if the patient is on Metformin, Vigabatrin or Emtricitabin***