

Antimicrobial Reference Laboratory
Severn Infection Sciences Partnership, North Bristol NHS Trust

Tel: 0117 41 46220 / 46269

Email: ARLEnquiries@nbt.nhs.uk

REQUEST FOR THERAPEUTIC DRUG MONITORING

PATIENT DETAILS - Essential information

Surname (capitals)		Forename(s)	
Date of Birth		Sex*	M/F
Assay required		Biohazard*	Y/N
<i>Additional information (optional)</i>			
Hospital/NHS number			
Antibiotic dose			
Frequency			
Duration of treatment			
Condition being treated			
Any significant pathology			
Purchase Order Number			

**delete as appropriate*

SAMPLE DETAILS

Sample type				
Total number of samples enclosed for this patient				
Sample*	Reference number	Differentiated*	Sample Date	Sample Time
1		Pre/post/random		
2		Pre/post/random		
3		Pre/post/random		
4		Pre/post/random		
5		Pre/post/random		

**delete as appropriate*

SOURCE LABORATORY DETAILS

Department			
Hospital			
Address#			
		Postcode	
Please phone (direct number) my result to the following number			
Please email ARLEnquiries@nbt.nhs.uk if you wish your results to be emailed to you			

#Please also supply billing address if different

FOR REFERENCE LABORATORY USE

--	--