Antimicrobial Reference Laboratory
Bristol NHS Foundation Trust – Southmead Hospital Operating Unit

Tel: 0117 41 46220 / 46269	Email: ARLEnquiries@nbt.nhs.uk

For clinical advice - 07802 720 900

REQUEST FOR THERAPEUTIC DRUG MONITORING

PATIENT DETAILS - *Essential information*

Surname (capitals)		**Forename**	
Date of Birth		**Sex***	**M/F**
Assay required		**Biohazard***	**Y/N**

Additional information (optional)

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