

Please send completed form with a blood sample (**2 ml** collected into **EDTA** tube or **1ml EDTA** plasma) to:
TOXICOLOGY, 1st floor Synnovis, 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")
- **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

<i>Last name:</i>		
<i>First name(s):</i>		
Drug assay required (please tick):		
<input type="checkbox"/> Fluconazole	<input type="checkbox"/> Posaconazole	
<input type="checkbox"/> Itraconazole	<input type="checkbox"/> Voriconazole	
<i>NHS or Hospital number:</i>		
<i>Date of birth:</i>	<i>Sex:</i> M / F	<i>Weight (kg):</i>
<i>Date and time sample taken? (24-hour clock)</i>		
DD / MM / YY	h : m	
<i>Date and time of last dose? (24-hour clock)</i>		
DD / MM / YY	h : m	
<i>Drug dose (mg/d)?</i>	<i>Smoker?</i>	
	<input type="checkbox"/> YES	
	<input type="checkbox"/> NO (includes eCig/NRT)	

Report and invoice

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