

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
Lamotrigine dose (mg/d)?		

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

Reason for request:

- | | |
|--|--|
| <input type="checkbox"/> Baseline value? | <input type="checkbox"/> Poor / non-compliance? |
| <input type="checkbox"/> Dose correct? | <input type="checkbox"/> Drug interaction? |
| <input type="checkbox"/> Adverse reaction? | <input type="checkbox"/> Other (describe below)? |

Other medication (please detail):