

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](mailto:toxicologystaff@synnovis.co.uk)**

**For result enquiries please contact customer services**

**Tel: 020 4513 7300 e-mail: [customerservices@synnovis.co.uk](mailto: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**

<i>Last name:</i>		
<i>First name(s):</i>		
<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?</i> (24-hour clock)		
DD / MM / YY	h : m	
<i>Date and time of last dose?</i> (24-hour clock)		
DD / MM / YY	h : m	
<i>Lamotrigine dose (mg/d)?</i>		

**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 &amp; invoice (if invoice address is different, use space below)</i>
<i>Postcode</i>

<i>*Address for invoice (&amp; 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>Reason for request:</i>
<input type="checkbox"/> Baseline value? <input type="checkbox"/> Dose correct? <input type="checkbox"/> Adverse reaction? <input type="checkbox"/> Poor / non-compliance? <input type="checkbox"/> Drug interaction? <input type="checkbox"/> Other (describe below)?
<i>Other medication (please detail):</i>

<i>Please affix patient label here if available</i>
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This form may be downloaded from <http://www.synnovis.co.uk/our-tests/lamotrigine-1>