

*** Use separate form for clozapine assay requests ***

Please send completed form with a blood sample (4 ml collected into EDTA tube or 2ml 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

Last name:		
First name(s):		
Drug assay required (please tick): <input type="checkbox"/> Amisulpride <input type="checkbox"/> Risperidone <input type="checkbox"/> Aripiprazole <input type="checkbox"/> Paliperidone <input type="checkbox"/> Olanzapine <input type="checkbox"/> Quetiapine		
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
Drug dose (mg/d)?	Smoker? <input type="checkbox"/> YES <input type="checkbox"/> NO (includes eCig/NRT)	

Report and invoice

Assay requested by:
Phone number:
E-mail address:
Consultant:
*Address for report:
Postcode:
If this service has recently moved, please tick here <input type="checkbox"/>
*Invoicing; is the organisation:
NHS / Private / Non-UK
Invoice address:
Purchase order number:

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):	

Please affix patient label here if available
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