

*** 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")
- **Address(es)** 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"/> Amisulpride <input type="checkbox"/> Risperidone <input type="checkbox"/> Aripiprazole <input type="checkbox"/> Paliperidone <input type="checkbox"/> Olanzapine <input type="checkbox"/> Quetiapine		
<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)	

<i>Reason for request:</i>	
<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)?
<i>Other medication (please detail):</i>	

Report and invoice

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

<i>Please affix patient label here if available</i>
