synnovis
A SYNLAB pathology partnership

PLASMA TYROSINE KINASE INHIBITOR ASSAY REQUEST FORM

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

Last name:

First name(s):

Drug assay required (please tick):
☐ Dasatinib   ☐ Nilotinib
☐ Imatinib

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? ☐YES ☐NO (includes eCig/NRT)

Reason for request:
☐ Baseline value?   ☐ Poor / non-compliance?
☐ Dose correct?   ☐ Drug interaction?
☐ Adverse reaction?   ☐ Other (describe below)?

Other medication (please detail):

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

This form may be downloaded from http://www.synnovis.co.uk/our-tests/imatinib

RCHEM-HUB-TOX-FORM20 v1.0