



**HOSPITAL / KLINIK KESIHATAN** .....  
**CLINICAL PHARMACOKINETIC SERVICES**  
**Therapeutic Drug Monitoring (TDM) Request Form**

Pharmacy Ref No :  
 \_\_\_\_\_

**Note :**

- 3 – 5 ml of blood sample is needed for analysis of 1 – 3 drugs.
- Use plain tubes for all the drugs except for Cyclosporin and Tacrolimus (EDTA tube).
- Correct information is crucial as interpretation of results is dependent on the information provided.

**PATIENT PROFILE**

Name:	Ward/Unit :	RN / IC :
Age : ____ years	Sex : <input type="checkbox"/> M <input type="checkbox"/> F	Race :
Weight (kg) :	Height (cm) :	DOA :

**CLINICAL SUMMARY AND DIAGNOSIS**

.....

**PATIENT CONDITION**

**INDICATION FOR REQUEST**

<input type="checkbox"/> Oedema	<input type="checkbox"/> Smoker	<input type="checkbox"/> Dehydration	<input type="checkbox"/> Therapeutic Monitoring	<input type="checkbox"/> Poor Response
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Burn	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Suspected Toxicity	<input type="checkbox"/> Non Compliance

**LATEST LAB RESULTS**

**CONCURRENT MEDICATIONS**

	Date	Results (units)
Blood Urea		
Na <sup>+</sup> / K <sup>+</sup>		
Creatinine		
Albumin		

Drug Analysis (Tick ✓ where appropriate)	Present Dose Regimen	Date		Time		
		Started	Last Dose	Pre sampling	Dose given	Post sampling
Acetaminophen						
Amikacin						
Digoxin						
Carbamazepine						
Gentamicin						
Methotrexate						
Phenobarbitone						
Phenytoin						
Salicylate						
Theophylline						
Valproic acid						
Vancomycin						
Cyclosporin						
Tacrolimus						

*Refer to TDM serum sample guide*

For injectable drug being analysed :

Infusion rate : .....  
 Duration Of Infusion : .....

Doctor's Signature : \_\_\_\_\_ Name & Stamp \_\_\_\_\_ Date \_\_\_\_\_

R PHARMACY USE ONLY

Drug analysis	Result	Normal therapeutic range	Pharmacokinetic profiles	Date Received :
			Ke :	Time Received :
			T <sub>1/2</sub> :	Test done :
			Vd :	Initials :
			C <sub>cr</sub> :	

Pharmacist's Assessment & Recommendation :

Informed : ..... on ..... at ..... am/pm

Pharmacist's signature & stamp