

DIVISION OF CLINICAL PHARMACOLOGY GROOTE SCHUUR HOSPITAL

In association with



BETTER TOGETHER.

Division of Clinical Pharmacology, K50-30, Old Main Building, GSH

Laboratory: (021) 404 5383/(021) 406 6295 Pharmacologist on call: 071 216 0207, speed-dial 77294

| Patient identification | (incomplete | e informa | tion will delay res | uit) | | | | |
|---|---|------------|--|---|--|--|---|--|
| Surname, initials | | | | | Wa | rd* | | |
| Folder No. | | | | | Req | luesting doctor | | |
| Hospital | | | | | Per | sal number | | |
| Date of Birth | | | | | Con | ntact no./speed-dial** | | |
| Gender | Male | | Female | | | nature | | |
| unusual result and clinical | consultation of | cannot tak | e place. Results prod | duced after 16:00 may | y be te | elephoned out to the ward | ot be contacted in the case of an specified. Specimens may be | |
| | | | | | | spital/clinic/ward are omiti or interpretation of resu | | |
| • | | | | | | · | 113) | |
| Diagnosis: | | | | | dysfunction e: details: | | | |
| Comorbidities | | | □ Paediatri | | c patient | | | |
| Comorbiaties | | | Possible d | | | rug interaction: rifampicin | | |
| | | | | ☐ Possible drug interaction: other, specify: | | | | |
| Concomitant medica | tions: | | | | pairment: creatinine clearance (mL/min): | | | |
| Drug | Start date | Most r | | | monitoring | | | |
| | | | | · · | | n-adherence | | |
| | | | | - | | labsorption | | |
| | | | | | | | | |
| | | | | | | | | |
| | 4 | | | | | specify: | | |
| Sampling informatio Sample time (hh: | | | | • | ılts) | Tura | of anosimon | |
| Sample time (nn: | mm) | 3 | Sample date (dd/i | mm/yyyy) | | туре | of specimen | |
| | | | | | □в | lood Urine | Other (specify): | |
| Dosing information: | | | | | | | | |
| Drug Dose | | Dose | Date of last dose | | | Time of last dose Date of first dose | | |
| | | | /-1-1 | | | | | |
| - 0 | | | (dd, | /mm/yyyy) | | (hh:mm) | (dd/mm/yyyy) | |
| | | | (dd, | | | | | |
| | | | (dd, | | | | | |
| Tests required (TROU | IGH: just befo | ore next (| | /mm/yyyy) | ration | (hh:mm) | | |
| Tests required (TROU Blood tests (>0.3 mL blo | od per test) | ore next o | dose; PEAK: 1 h af | /mm/yyyy) ter end of administen | ration | (hh:mm) n) Specialised UCT assay | (dd/mm/yyyy) s > 0.1 ml blood per request | |
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