



ASSAY REQUEST FORM

INSTRUCTIONS

- Blood sample to be collected in EDTA tubes, minimum of 2mL.
- Serum samples can be used.
- It is essential both sample and request are clearly identifiable.
- Results are only sent to those named on form.
- There will be a charge for this assay.
- Contact information and addresses must be supplied for both reporting and invoicing. Failure to complete form will mean delayed reporting of results.

ASSAY REQUIRED

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Aripiprazole | <input type="checkbox"/> Haloperidol | <input type="checkbox"/> Quetiapine |
| <input type="checkbox"/> Clozapine | <input type="checkbox"/> Olanzapine | <input type="checkbox"/> Risperidone / Paliperidone |

Assay requested by: Telephone:

PATIENT

First Name : Last Name :

Date of Birth : Sex : Male Female

NHS No. : Smoker : Yes No

Daily dose (including units) : Dose Split : Yes No

When last dose taken Time (24 hrs) : Date :

When blood sample taken Time (24 hrs) : Date :

Phlebotomist name: Date:

REPORT

Clinician

Name :

Address :

Postcode :

Reporting method: Post to address above
 PDF e-mail attachment

E-mail 1 :

E-mail 2 :

E-mail 3 :

Pharmacy

Name :

Address :

Postcode :

Reporting method: Post to address above
 PDF e-mail attachment

E-mail 1 :

E-mail 2 :

E-mail 3 :