King's Liver Laboratories

King's College Hospital NHS
NHS Foundation Trust

IMMUNOSUPPRESSIVE DRUG MONITORING ASSAY REQUEST FORM

Please pack appropriately and send the sample and completed form to:

IDM Service, Institute of Liver Studies, King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3147 Fax: 020 3299 3641 Email: *kch-tr.KCHIDMService@nhs.net*

Sample: 2 mL EDTA anti-coagulated whole blood (0.5 mL *plasma* for mycophenolate)

Patient details

Surname:
First name:
Date of birth: Sex: M / F
NHS number:
Hospital number:

Address for report:

Postcode:

Assay required

Tacrolimus

Please specify: Prograf ☐

Advagraf ☐

Ciclosporin *(e.g. Neoral)* ☐

Sirolimus *(e.g. Rapamune)* ☐

Everolimus *(e.g. Certican)* ☐

Mycophenolate* *(e.g. CellCept)* ☐

**Note that plasma is preferred for mycophenolate assay*

Ribavirin: Please contact the lab BEFORE taking the sample ☐

Sample date…… Time (24h)……

Last dose date:……..

Time of last dose (24h)……

Lab reference……

Requester:

Tel. no:

Clinical details: *(transplant type, reason for request, etc.)*

Daily dosage & regimen:

Samples should be taken just before the next dose.

Results are available within **24** hours of sample receipt and will be despatched by post.

Please contact the laboratory if you require results to be faxed.

Website here.