PLASMA OLANZAPINE ASSAY REQUEST FORM

Please send the completed form with a blood sample (at least 3 mL, collect into EDTA tube) to:

Dr RJ Flanagan, Toxicology Unit, Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 5881, Fax: 020 3299 5888, e-mail: *robert.flanagan@kch.nhs.uk*

*** Pack safely to Post Office regulations ***

- Normally take the sample **12 hours after dosage** to aid interpretation of the result
- Serum can be analysed although plasma is preferred. An **address** to which the **invoice** is to be sent **must** be supplied.
- Cost: £30 per sample.
- The **report** will be sent to the **consultant**, unless other arrangements are specified or in place.
- Assay results will normally be available within 3-5 working days of sample receipt ***(log on to http://www.kingspath.co.uk/results.php to register with our free, secure Results On-Line service)***.

Patient

Last name		
First name(s)		
Hospital or NHS no		
Date of birth	*Sex* M / F	*Weight (kg)*
Date of sample?	*Time of sample?*	
Date of last olanzapine dose?	*Time of last olanzapine dose?*	
Olanzapine dose (mg/d)?	*Smoker?* YES/NO	

Reason for request:

☐ Baseline value? ☐ Poor / non-compliance?

☐ Dose correct? ☐ Drug interaction?

☐ Adverse reaction? ☐ Other (please give details)?

Other information?

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*

This form may be photocopied or downloaded (http://www.kingspath.co.uk)