



University of Torino / ASL TO2

DEPARTMENT OF INFECTIOUS DISEASES (Head Prof. Giovanni Di Perri) – Clinical Pharmacology and Pharmacogenomics Laboratory
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 For detailed information on patients/antibiotics: francescogiuseppe.derosa@unito.it; on samples collection and sending: antonio.davolio@unito.it

Sample Identifying Form

1-2 Contact information for sample and results

Please define the one who could be asked to give more information about this sample and to whom send the results of this analysis

Name/Surname

Department/Hospital

Telephone Fax

E-mail

3 Patient's infos

ID (anonymous) Weight (kg) Height (cm)

Date of birth Creatinine (mg%) =.....

Gender Male Female Hepatic failure: BMI.....

SAPS II:..... (Other).....

4 Antibiotic/ antimycotic/ antiviral and/or pharmacologic treatment

Notes:

Drug	Administration (po, im, sc, iv)	Dose (mg)	Times per day (od, td, etc...)	Start date (dd/mm/yy)	Notes:

5 Other drugs administered to patient

6 Reasons for TDM request

(select more than one if applicable)

- Pediatric patient Monitoring
- Possible pharmacologic interaction Pregnancy
- Hepatic/Renal dysfunction (please detail in "comment" box)
- Suspected toxicity (please detail in "comment" box)
- Clinical Study – Name:.....
- Other (please detail in "comment" box)

7 Isolated Infectious Agent and Antibiogram (attached)

Check this box if attached

Sample ID	8 Sample Infos			9 Drugs and Last Dose				10 Food
	Biological source	Sampling date (dd/mm/yy)	Sampling time (00:00)	Drug to be dosed	Dose (mg)	Administrati on date (dd/mm/yy)	Administr ation time (00:00)	Last meal time (00:00)

Notes:

Purple Vial for:

10 Comment (continuation of previous boxes, if necessary)

Send samples and this fully completed form to Mauro Sciandra at:

CLINICA DI MALATTIE INFETTIVE - Laboratorio di Farmacologia Clinica degli Antiretrovirali; Padiglione Q, Ospedale "Amedeo di Savoia", C.so Svizzera 164 – 10149 Torino