



University of Torino / ASL TO2

DEPARTMENT OF INFECTIOUS DISEASES (Head Prof. Giovanni Di Perri) – Clinical Pharmacology and Pharmacogenomics Laboratory
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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 Last Viral load (& date)
(if applicable)

Gender Male Female Last CD4 cell count (& date)
(if applicable)

4 Current Antiviral Therapy (including low dose ritonavir)

Drug	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 "comments" box)
 Suspected toxicity (please detail in "comments" box)
 Clinical Study – Name:.....
 Other (please detail in "comments" box)

7 Previous TDM

If this patient's TDM performed at our Lab please insert the dates of previous analyzed samples.....

Sample ID	8 Sample Infos			9 Drugs and Last Dose				10 Food Last meal time (00:00)
	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)	

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