University of Turin / ASL Città di Torino
Unit of Infectious Diseases (Head Prof. Giovanni Di Perri) – **Department of Medical Sciences** (Head Prof. Anna Sapino)
Laboratory of Clinical Pharmacology and Pharmacogenetics (Head Prof. Antonio D'Avolio)
Padiglione Q, "Amedeo di Savoia" Hospital, C.so Svizzera 164, 10149 Turin;
Telephone: 011.4393979; 011.4393867, Fax: 011.4393882; e-mail: info@tdm-torino.org; web: www.tdm-torino.org

Sample Identification Form (ANTIHYPERTENSIVE DRUGS)

❶❷ Clinician contacts:

Please indicate the person to whom additional information may be asked and the results must be addressed:

Name/Surname ……
Division/Hospital ……
Telephone …… Fax ……
E-mail ……

❸ Patient information:

Sex Male ☐ Female ☐

Patient Name/Surname ……
Date of Birth ……

Weight (kg) …… Height (cm) ……

❹ Current antihypertensive therapy (please cross the drugs you want to be dosed)

Drug	*Dose (mg)*	*N. pills/day*	*Start of Therapy (dd/mm/yy)*	*Last dose (dd/mm/yy)*	*h last dose*	*h of meal next to last dose*
□ Amlodipine						
□ Atenolol						
□ Chlorthalidone						
□ Hydrochlorothiazide						
□ Ramipril						
□ Telmisartan						
□ Olmesartan						
□ Clonidine						
□ Nifedipine						
□ Doxazosin						
□ Sacubitril						
□ Valsartan						
□ Nebivolol						
□ Indapamide						
□ Spironolactone (only urine)						
□ Canrenone (only urine)						

❺ Other concomitant medications

❻ Sample Informations

Sample ID	*Biological Fluid*	*Sampling date (dd/mm/yy)*	*Sampling Time (00:00)*
	□ PLASMA		
	□ URINE		

❼ Instructions

PLASMA TDM	URINE TDM
2 x 7ml lithium-heparin tubes	2 x 2ml urine "spot" tubes

❽ TDM motivation and comments:

I declare that the sampling has been performed in compliance with instructions reported on the website www.tdm-torino.org: YES ☐ NO ☐

Please sent packages to: c/a Mauro Sciandra e/o Antonio D'Avolio.
Clinica Universitaria delle Malattie Infettive, Laboratorio di Farmacologia Clinica, Padiglione Q, Ospedale Amedeo di Savoia, C.so Svizzera 164 - 10149 TORINO(ITALY).