

Anti-Psychotic Assay Request

Patient Details

Surname		Lab Number	
Forename (s)		Hospital	
Date of birth	Sex	Smoker <input type="checkbox"/>	Ward
Address	Weight (Kg)	Hospital Number	
		NHS Number	
Sample date	Sample time	Consultant	

Anti-Psychotic Assay Details (please see assay availability)

Anti-psychotic measurement required		Date of last dose	Time of last dose																															
Current dose	Time on current dose	Formulation & mode of administration																																
Other medication		THERAPEUTIC EFFECT <i>Please ring the score that applies to your clinical impression of the patient</i>		SIDE EFFECTS																														
				None	Does not significantly interfere with patients functioning	Significantly interferes with patients functioning	Outweighs therapeutic effect																											
Reason for the request		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">MARKED</td> <td style="width: 40%;">Vast improvement. Complete or nearly complete remission of all symptoms</td> <td style="width: 10%;">4.00</td> <td style="width: 10%;">2.00</td> <td style="width: 10%;">1.33</td> <td style="width: 10%;">1.00</td> </tr> <tr> <td>MODERATE</td> <td>Decided improvement. Partial remission of symptoms</td> <td>3.00</td> <td>1.50</td> <td>1.00</td> <td>0.75</td> </tr> <tr> <td>MIMIMAL</td> <td>Slight improvement which doesn't alter status of care</td> <td>2.00</td> <td>1.00</td> <td>0.67</td> <td>0.50</td> </tr> <tr> <td colspan="2">UNCHANGED OR WORSE</td> <td>1.00</td> <td>0.50</td> <td>0.33</td> <td>0.25</td> </tr> <tr> <td colspan="6">Not Assessed = 0</td> </tr> </table>			MARKED	Vast improvement. Complete or nearly complete remission of all symptoms	4.00	2.00	1.33	1.00	MODERATE	Decided improvement. Partial remission of symptoms	3.00	1.50	1.00	0.75	MIMIMAL	Slight improvement which doesn't alter status of care	2.00	1.00	0.67	0.50	UNCHANGED OR WORSE		1.00	0.50	0.33	0.25	Not Assessed = 0					
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Not Assessed = 0																																		
<input type="checkbox"/> Dose correct?																																		
<input type="checkbox"/> Adverse reaction (provide details below) ?																																		
<input type="checkbox"/> Poor or non-compliance?																																		
<input type="checkbox"/> Drug interaction ?																																		
<input type="checkbox"/> Other (provide details below)																																		

Person Completing Form

Name	Designation
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Sample Collection Information

Sampling Time

Take a sample before a morning dose or in the morning after an evening dose (trough sample)

Assay Availability

This form may be used to request drug levels for Clozapine, Olanzapine, Quetiapine, Risperidone, Amisulpride and Sulpride

Sample Collection Bottle

Sample collection tubes containing serum separation gel must **NOT** be used. Plain sample collection tubes (ie without gels or anticoagulants) are ideal, and the serum should be separated as soon as possible following collection. If plain tubes are unavailable, EDTA tubes may be used in their place.

Sample Address

Cardiff Toxicology Laboratories
 Academic Centre
 University Hospital Llandough
 Cardiff
 CF64 2XX
 Tel: 029 2071 6893

For interpretation of result, please contact your Specialist Mental Health Pharmacist or contact Cardiff Toxicology Laboratories