



**HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
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**THERAPEUTIC DRUG MONITORING (TDM) REQUEST FORM**

PATIENT PARTICULARS							
Name:				MRN:			
NRIC:		Weight (kg):	Height (cm):	Gender: M / F			
Ward/Clinic: ext:		Bed:	Age:	Date of Admission:			
LABORATORY RESULTS		INDICATIONS FOR TDM	CLINICAL SUMMARY & DIAGNOSIS		CONCURRENT MEDICATIONS		
Creatinine (µmol/L)		Toxicity Suspected					
Blood Urea (mmol/L)		Routine Monitoring					
K <sup>+</sup> / Na <sup>+</sup> (mmol/L)		Non Compliance					
Albumin (g/L)		Others					
ALT/ AST/ALP (µ/L)		PATIENT CONDITION					
WBC ( x10/L)		<input type="checkbox"/> Oedema	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Dehydration			
Heart Rate (bpm)		<input type="checkbox"/> Dialysis	<input type="checkbox"/> Burn	<input type="checkbox"/> Others			
Body Temperature (°c)							
CULTURE & SENSITIVITY	DATE OF SAMPLING/ RESULT		SOURCE OF SAMPLE/ MICROORGANISM			SENSITIVITY AND RESISTANCE	
	Sampling: Result :						
DRUG ANALYSIS							
DRUG TICK ( / ) WHERE APPROPRIATE		PRESENT DOSE REGIME	DATE STARTED	DATE AND TIME			Random
				LAST DOSE GIVEN	PRE-DOSE/ POST-2	POST-DOSE/ POST-6	
<input type="checkbox"/> Acetaminophen							
<input type="checkbox"/> Amikacin							
<input type="checkbox"/> Carbamazepine							
<input type="checkbox"/> Cyclosporin							
<input type="checkbox"/> Digoxin							
<input type="checkbox"/> Everolimus							
<input type="checkbox"/> Gentamicin							
<input type="checkbox"/> Lithium							
<input type="checkbox"/> Methotrexate							
<input type="checkbox"/> Phenobarbitone							
<input type="checkbox"/> Phenytoin							
<input type="checkbox"/> Salicylate							
<input type="checkbox"/> Sirolimus							
<input type="checkbox"/> Tacrolimus							
<input type="checkbox"/> Theophylline							
<input type="checkbox"/> Valproic Acid							
<input type="checkbox"/> Vancomycin							
For injectable drug being analysed: Infusion rate: ..... Duration of infusion: .....			Initiation Dose/Loading Dose: Date:				
Doctor (Name, Signature & Stamp)		Scientific Officer (Name, Signature & Stamp)		Staff Pharmacy (Name, Signature & Stamp)			
Requested Date:		Received Date/ Time:		Received Date/ Time:			
PHARMACIST ASSESSMENT AND RECOMMENDATION							
Result Value:		Therapeutic range:			Pharmacist		
Comment					Date:		
Informed: Dr/SN		on		at	am / pm		

\*3-5ml of blood sample is needed for analysis of 1-3 drugs

\*Use plain tubes for all the drugs except for Cyclosporin/ Tacrolimus/ Sirolimus/ Everolimus (EDTA Tube)