

Name of Hospital:

Add the logo of your
hospital /laboratory
here

Department of _____

Name of Patient :

Age of Patient :

Central Registration Number :

Ward /OPD :

Consultant Number :

Contact number of Patient :

Sample ID :

Diagnosis :

Drug/Drugs to be Evaluated :

Dose/Frequency/ Route of Drug/Drugs :

Duration of Drug/Drugs Received :

Time of Last Dose of Drug/Drugs :

Time of Sample Collection :

Reason for Evaluation :Suspected toxicity/Inadequate response/ Drug interaction/ Patient compliance :

Concomitant Drugs :

Serum Albumin :

Drug Concentration Measured :

Interpretation and Advice :

Signature of chief of lab

Signature of doctor