DOAK medication

Analysis request form

Version 1.1 dated 2017-07-10

UniversitätsKlinikum Heidelberg

RefLab PAH

Sample preparation (If there are any questions, please feel free to contact us.)

- The best sampling time is immediately before the next drug administration (through level).
- Please send at least **0.5 ml** of **lithium heparin plasma**. Typically around 1 ml of blood have to be taken to obtain 0.5 ml of blood plasma. An interpretation can only be provided if full clinical data is given.

Sender (Please also fill as in-house customer.)	**Addressee**
Address	Universitätsklinikum Heidelberg Abteilung Klinische Pharmakologie und Pharmakoepidemiologie Analytisch-Chemisches Labor Im Neuenheimer Feld 410 D – 69120 Heidelberg
Phone Fax E-mail	Phone +49 6221 / 56 1566 Fax +49 6221 / 56 5832 E-Mail juergen.burhenne@med.uni-heidelberg.de Web www.klinikum.uni-heidelberg.de/ref-lab-pah

Patient label (or patient data)	**Additional patient data**
Name	Sex ☐ F ☐ M
First name	Body weight/height kg cm
Date of birth	Renal function/GFR

Reason for analysis request

☐ Non-compliance ☐ Non-response
☐ Transaminases ☐ Interaction
☐ Unexpect. event: .....
☐ Other: .....

Order for concentration analysis of (Please mark.)

Required data for interpretation	☐ Dabigatran ☐ Rivaroxaban	☐ Apixaban ☐ Edoxaban
First dose [mg]/Since (date)		
Current maintenance dose [mg]		
Since (date)		
Frequency (dosing scheme)		
Time point of last dose before sampling (date/time)		
Time point of unexpect. event (date/time)		
Time point of sampling (time)		
Co-medication (if necessary add appendix)		

Date	**Signature** (Sender)

To be filled by the lab.

Ergebnis					
Probennummer	Eingang	Analysedatum	Analyt. Batch	Bearbeiter	
					☐☐ Apixaban Edoxaban ☐☐ Dabigatran Rivaroxaban
					[ng/ml Plasma] [ng/ml Plasma]