



UniversitätsKlinikum Heidelberg

University of Heidelberg

Voriconazole - TDM Standard Request Form

Department of
Clinical Pharmacology and
Pharmacoepidemiology

Sender		Addressee	
Phone: Fax: Email:		Dr. Jürgen Burhenne University of Heidelberg Department of Clinical Pharmacology and Pharmacoepidemiology Analytical Chemistry Laboratory Im Neuenheimer Feld 410 D - 69120 Heidelberg, Germany ☎ +49 (0) 6221/56-36395 Fax +49 (0) 6221/56-5832 ✉ juergen_burhenne@med.uni-heidelberg.de	
Patient data			
Name : First name : Date of birth : Sex F M Body height : [cm] Body weight : [kg]		<i>Adhesive label with patients data</i>	
Dosing scheme (accurate clinical data essential for interpretation of the analytical data)			
• First dose [mg] i.v. oral on (date) • Maintenance dose X [mg] i.v. oral since (date) • Change of dose to X [mg] i.v. oral on (date) • Last dose before sampling [mg] i.v. oral on (date) time: • Sampling -----on (date) time: • Written expert interpretation of the analytical data requested: yes no			
Required sample material and costs: • Ideal sampling time immediately before next voriconazole administration (trough level) (more sampling points needed for determination of e.g. individual pharmacokinetics / half-life) • Blood sampling never from infusion system through which voriconazole was applied at earlier time • ≥ 2 mL centrifuged heparin plasma • Samples should be sent frozen on dry ice (please announce shipment by telephone or email)			

Date _____

Signature (Sender) _____

Result (to be completed by the laboratory)

ID-number:
 Sample received:
 Analytical batch:
 Date of analysis:

Result:

[µg/mL plasma]

The calibrated range is between 0.1 and 10 µg/mL plasma. Values <0.1 µg/mL are labelled as "not detectable" (n.d.).

Date _____

Signature (Laboratory) _____