



DOAK medication

Analysis request form

Version 1.0 dated 2015-05-06



UniversitätsKlinikum Heidelberg

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 **1 ml of lithium heparin plasma**. Typically around 2 ml of blood have to be taken to obtain 1 ml of blood plasma. An interpretation can only be provided if full clinical data is given.

Sender (Please also fill as in-house customer.)		Adressee	
Address		Universitätsklinikum Heidelberg Abteilung Klinische Pharmakologie und Pharmakoepidemiologie Analytisch-Chemisches Labor Im Neuenheimer Feld 410 D – 69120 Heidelberg	
Phone		Phone +49 6221 / 56 1566	
Fax		Fax +49 6221 / 56 5832	
E-mail		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 <input type="checkbox"/> F <input type="checkbox"/> M	
First name		Body weight <input type="text"/> kg	
Date of birth		Reason for analysis request	
		<input type="checkbox"/> Non-compliance <input type="checkbox"/> Non-response <input type="checkbox"/> Transaminases ↑ <input type="checkbox"/> Interaction <input type="checkbox"/> Unexpect. event: <input type="checkbox"/> Other:	
Order for concentration analysis of (Please mark.)			
Required data for interpretation	<input type="checkbox"/> Dabigatran	<input type="checkbox"/> Apixaban	
	<input type="checkbox"/> Rivaroxaban	<input type="checkbox"/> 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 sampling (time)			
Co-medication (if necessary add appendix)			
Date	Signature (Sender)		

Ergebnis

Probennummer

Eingang

Analysedatum

Analyt. Batch

Bearbeiter

Apixaban
 Edoxaban

Dabigatran
 Rivaroxaban

[ng/ml Plasma]

[ng/ml Plasma]

To be filled by the lab.

