

Patients data:
First name, family name

Date of birth

Adress

Cost object

Therapeutic Drug Monitoring

Order for drug-analysis

Ambulant
Stationary since:

Date: Phone.:
.....

Fax.:

e-mail:

Signature:

.....

Weight **kg**

Body height **cm**

Diagnosis / Question / Issues concerning:

.....
.....
.....Li

ver-/Renal failure:

Patient registered in Funigscope? Yes / No

Sampling point (Date-Time)	Last intake (Date-Time)	Laoding dose(Dosage-Date-Time)

List of drugs (incl. comedication)	Dosage	since

Adverse events, Signs of Intoxication

Desired analysis (please mark with a cross)

- Posaconazole
- Voriconazole
- Itraconazole
- OH-Itraconazole
- Fluconazol
- Caspofungin

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Blood sampling with serum-monovette before next dosage; and keep it in a cool place until shipping/mail.