

Patients data:  
First name, family name

Date of birth

Address

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:**

.....  
.....  
.....

Liver-/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.