



KEMENTERIAN KESIHATAN MALAYSIA
PERKHIDMATAN PATOLOGI

HOSPITAL

UNTUK KEGUNAAN MAKMAL

LAB No.

1. Nama :		2. No. Pendaftaran:	
3. No. K/P.:		4. Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan	
5. Umur:	6. Keturunan:	7. Wad/Klinik:	
8. Tarikh Masuk Wad:	9. Pekerjaan:	10. Taraf Perkahwinan:	11. <input type="checkbox"/> Bayar <input type="checkbox"/> Percuma

12. No. Laporan Dahulu:	13. Butiran Penting: <table border="0"> <tr> <td></td> <td>Ya</td> <td>Tidak</td> </tr> <tr> <td>Jaundice</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lymphadenopathy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hepatomegaly</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Splenomegaly</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bleeding Tendency</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>H/O Transfusion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Haematinics</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>Drug/Chemical History</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>Data Makmal Terdahulu</td> <td></td> <td></td> </tr> <tr> <td>Hb</td> <td></td> <td></td> </tr> <tr> <td>Platelet</td> <td></td> <td></td> </tr> <tr> <td>TWDC</td> <td></td> <td></td> </tr> </table>		Ya	Tidak	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>	Splenomegaly	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Tendency	<input type="checkbox"/>	<input type="checkbox"/>	H/O Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	Haematinics			Drug/Chemical History					Data Makmal Terdahulu			Hb			Platelet			TWDC		
		Ya	Tidak																																																	
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Splenomegaly	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Bleeding Tendency	<input type="checkbox"/>	<input type="checkbox"/>																																																		
H/O Transfusion	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Haematinics																																																				
.....																																																				
.....																																																				
Drug/Chemical History																																																				
.....																																																				
.....																																																				
Data Makmal Terdahulu																																																				
Hb																																																				
Platelet																																																				
TWDC																																																				
14. Ringkasan Klinikal, Penemuan Pembedahan dan Riwayat Keluarga:																																																				

15. Diagnosis:																																																																														
16. Kategori Permohonan/Jenis Ujian:																																																																														
<table border="1"> <tr><th>Patologi Kimia</th><th></th></tr> <tr><td>B. Sugar</td><td><input type="checkbox"/></td></tr> <tr><td>B. Urea</td><td><input type="checkbox"/></td></tr> <tr><td>S. Elec</td><td><input type="checkbox"/></td></tr> <tr><td>B. Gases</td><td><input type="checkbox"/></td></tr> <tr><td>S. Billirubin</td><td><input type="checkbox"/></td></tr> <tr><td>LFT</td><td><input type="checkbox"/></td></tr> <tr><td>Se. Creatinine</td><td><input type="checkbox"/></td></tr> </table>	Patologi Kimia		B. Sugar	<input type="checkbox"/>	B. Urea	<input type="checkbox"/>	S. Elec	<input type="checkbox"/>	B. Gases	<input type="checkbox"/>	S. Billirubin	<input type="checkbox"/>	LFT	<input type="checkbox"/>	Se. Creatinine	<input type="checkbox"/>	<table border="1"> <tr><th>Klinikal</th><th></th></tr> <tr><td>Bld. Count</td><td><input type="checkbox"/></td></tr> <tr><td>ESR</td><td><input type="checkbox"/></td></tr> <tr><td>BFMP</td><td><input type="checkbox"/></td></tr> <tr><td>U. Sugar</td><td><input type="checkbox"/></td></tr> <tr><td>U. Alb.</td><td><input type="checkbox"/></td></tr> <tr><td>U. ME</td><td><input type="checkbox"/></td></tr> <tr><td>Stool ME</td><td><input type="checkbox"/></td></tr> </table>	Klinikal		Bld. Count	<input type="checkbox"/>	ESR	<input type="checkbox"/>	BFMP	<input type="checkbox"/>	U. Sugar	<input type="checkbox"/>	U. Alb.	<input type="checkbox"/>	U. ME	<input type="checkbox"/>	Stool ME	<input type="checkbox"/>	<table border="1"> <tr><th>Hematologi</th><th></th></tr> <tr><td>FBP</td><td><input type="checkbox"/></td></tr> <tr><td>BM Asp</td><td><input type="checkbox"/></td></tr> <tr><td>Hb. Analysis</td><td><input type="checkbox"/></td></tr> <tr><td>Coagulation</td><td><input type="checkbox"/></td></tr> </table>	Hematologi		FBP	<input type="checkbox"/>	BM Asp	<input type="checkbox"/>	Hb. Analysis	<input type="checkbox"/>	Coagulation	<input type="checkbox"/>	<table border="1"> <tr><th>Histo/Saitologi</th><th></th></tr> <tr><td>Specimen</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Histo/Saitologi		Specimen														<table border="1"> <tr><th>Mikro/Immunologi</th><th></th></tr> <tr><td>Specimen</td><td>Ujian</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Mikro/Immunologi		Specimen	Ujian												
Patologi Kimia																																																																														
B. Sugar	<input type="checkbox"/>																																																																													
B. Urea	<input type="checkbox"/>																																																																													
S. Elec	<input type="checkbox"/>																																																																													
B. Gases	<input type="checkbox"/>																																																																													
S. Billirubin	<input type="checkbox"/>																																																																													
LFT	<input type="checkbox"/>																																																																													
Se. Creatinine	<input type="checkbox"/>																																																																													
Klinikal																																																																														
Bld. Count	<input type="checkbox"/>																																																																													
ESR	<input type="checkbox"/>																																																																													
BFMP	<input type="checkbox"/>																																																																													
U. Sugar	<input type="checkbox"/>																																																																													
U. Alb.	<input type="checkbox"/>																																																																													
U. ME	<input type="checkbox"/>																																																																													
Stool ME	<input type="checkbox"/>																																																																													
Hematologi																																																																														
FBP	<input type="checkbox"/>																																																																													
BM Asp	<input type="checkbox"/>																																																																													
Hb. Analysis	<input type="checkbox"/>																																																																													
Coagulation	<input type="checkbox"/>																																																																													
Histo/Saitologi																																																																														
Specimen																																																																														
Mikro/Immunologi																																																																														
Specimen	Ujian																																																																													
Lain-lain																																																																														
.....																																																																														
.....																																																																														

17. Pengambilan Specimen:	Tarikh: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Masa: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Nama Doktor:		
19. Tarikh:		
Tandatangan dan Cop Doktor		

DEPARTMENT OF PATHOLOGY / PHARMACY, HOSPITAL KUALA LUMPUR
THERAPEUTIC DRUG MONITORING (TDM) REQUEST FORM

HKL/JP/CT/PK-01-06

Lab No.:

- * Please refer to the back page of the second copy page for sampling time guidelines.
- * Actual sampling time and actual dosing time must be stated on form to avoid confusion and misinterpretation of result.
- * Please complete the form.
- * Lab service hour : Weekdays: 8.00am - 5.00 pm / Saturday: 8.30am - 1.30 pm
 Sunday & Public Holiday Requested by appointment only, Please Call 6077

A. Patient Particulars				
Name:			R/N:	
NRIC:	Weight (kg):	Height (cm):	Sex: M / F	
Ward / Clinic: ext:	Bed:	Age:	Date of Admission:	
B. Laboratory Results	C. Indications For TDM		D. Clinical Summary & Diagnosis	E. Concurrent Medications
Creatinine (µmol/L)	Toxicity Suspected			
Blood Urea (mmol/L)	Poor Response			
Potassium (mmol/L)	Non Compliance			
Albumin (g/L)	Routine Monitoring			
F. Additional Information				
ALT (u/L)	Initiation Dose/ Loading Dose:			
WBC (x10/L)	Date:			
Heart Rate (bpm)				
Body Temperature (°C)				

G. Drug Analysis									
Drug <i>Tick (✓) where appropriate</i>	Tube	Present Dose Regimen	Date Started	Date			Results	Therapeutic Range	Unit
				Pre Sampling (time)	Last Dose Given (time)	Post Sampling (time)			
*PARACETAMOL	Plain						-	µmol/L	
*SALICYLATE	Plain						1.09 - 2.17	mmol/L	
BENZODIAZEPINE	Plain						-	ng/mL	
ETHANOL	Plain						-	mmol/L	
AMIKACIN	Plain						T: < 17 P: 34 - 51	µmol/L	
GENTAMICIN	Plain						T: < 4.18 P: 10.45 - 20.9	µmol/L	
VANCOMYCIN	Plain						T: 6.9 - 13.8 P: 13.8 - 27.6	µmol/L	
CARBAMAZEPINE	Plain						17 - 51	µmol/L	
PHENOBARBITAL	Plain						64.7 - 172.4	µmol/L	
PHENYTOIN	Plain						40 - 79	µmol/L	
VALPROIC ACID	Plain						346.5 - 693	µmol/L	
THEOPHYLLINE	Plain						55.5 - 110	µmol/L	
DIGOXIN	Plain						AF: 1-2.6 CCF: 0.64-<1.28	nmol/L	
METHOTREXATE	Plain						24hr: 5 - 10 48hr: 0.5 - 1.0 72hr: 0.2	µmol/L	
CYCLOSPORIN	EDTA						100 - 250 (>6/12) 250 - 375 (<6/12)	ng/mL	
SIROLIMUS	EDTA						T1: 5 - 11 T2: 13 - 19	ng/mL	
TACROLIMUS	EDTA						5.0 - 20.0	ng/mL	
EVEROLIMUS	EDTA						3.0 - 8.0	ng/mL	
MYCOPHENOLIC ACID	EDTA						T: 1.0 - 3.5	ng/mL	

* Sample received after office hour will be analysed at Core Lab :

Requested by Doctor: Signature & Stamp: Date :	Scientific Officer: Signature & Stamp: Date :
--	---

H. Pharmacist Assessment and Recommendation	
Pharmacokinetic profile 1) CrCl : 2) Ke : 3) T½ : 4) Vd :	
Informed : _____ on _____ at _____ am/pm	Pharmacist's Signature & Stamp Date :