**All India Institute of Medical Sciences, Jodhpur**

**Department of Biochemistry**

**TDM FORM**

Date: Ward:

**FOR ALL THERAPEUTIC DRUG MONITORING, PLEASE FILL UP THE FOLLOWING PATIENT INFORMATION** (Effective from 08.02.2023)

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| --- | --- | --- |
| A | AIIMS JODHPUR ID & NAME |  |
| B | AGE & GENDER |  |
| C | WEIGHT (Kg) |  |
| D | DIAGNOSIS |  |
| E | INDICATION FOR TDM | STEADY STATE CONCENTRATION (TROUGH LEVELS)  DRUG TOXICITY (PEAK LEVELS)  INDIVIDUAL THERAPEUTIC CONCENTRATION  NON COMPLANCE |
| F | DATE OF INITIATION OF TREATMENT WITH THE DRUG |  |
| G | DRUG DOSE AND SCHEDULE |  |
| H | TIME SINCE LAST DOSE |  |
| I | DATE AND TIME OF SAMPLE COLLECTION |  |
| J | TIME OF NEXT DOSE |  |
| K | SYMPTOMS/ SIGNS OF DRUG TOXICITY |  |
| L | ANY OTHER DRUGS BEING ADMINISTERED CONCURRENTLY TO PATIENT |  |
| M | PRESENCE OF COMORBIDITY | LIVER DISEASE  KIDNEY DISEASE  CHRONIC ALCOHOLISM |
| N | PREVIOUS DRUG LEVEL (IF ANY) |  |
| O | PRESENCE OF BREAKTHROUGH SEIZURES ( IN CASE OF ANTIEPILEPTICS) |  |
|  | COLLECT SAMPLE PREFERABLY IN RED VACCUTAINER. | |

Name of the Consultant:

Name of JR/SR:

Phone number of JR/SR: