**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)

|  |  |  |
| --- | --- | --- |
| 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: