

Requisitioner code:

TYKSLAB

Hospital District of South-West Finland
Tykslab/ Administration 901
P:O Box 52
FI-20521 Turku
Finland

Physician's name: _____

Date/place: _____ Signature: _____

Laboratory specimen for 6-thioguanine and 6-methyl-mercaptopurine analysis:

(Material: Heparin-blood, minimum 1,5 mL)

Patient name: _____ Sex (M/F): _____

Social security number: _____ Birth (dd-mm-yyyy): ____ - ____ - ____

Sampling date and time (dd-mm-yyyy & HH:MM): ____ - ____ - ____ & ____ :

Clinical information:

Type of drug used and dose: _____

Last dose was taken at (dd-mm-yyyy & HH:MM): ____ - ____ - ____ & ____ :

Relevant comedication (e.g. allopurinol, infliximab, 5-ASA drug):

Indication for TDM: routine control adverse effects lack of effect

Ship samples to:

Torunn Skogseth
Room B2.2031, Section of analytical service
Department of Pharmacology
Oslo University Hospital, Rikshospitalet,
NO-0027 Oslo, Norway

Store at 2-8 °C until shipment (max 1 week)
Ship at 2-8 °C if possible
Avoid freezing