



Ordering laboratory/client:

HUSLAB building
K1 floor, Customer Service
POB 720
FI-00029 HUS
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:

Thai Tran
Room B2.2031, Section of analytical service
Department of Pharmacology
Oslo University Hospital, Rikshospitalet,
NO-0372 Oslo, Norway

Store at 2-8 °C until shipment (max 1 week)

Ship at 2-8 °C if possible

Avoid freezing