

## THERAPEUTIC DRUG MONITORING - HIV

**SAMPLE TYPE:** 3 ML SERUM

**PATIENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: m  f  Ethnicity: \_\_\_\_\_  
 Sampling date/time: \_\_\_\_\_

**CLINICAL CLASSIFICATION:**

Therapy failure  Dose adjustment  Adherence

**CURRENT THERAPY:**

NNRTI	Last intake date/time	Dosage [mg]
<input type="checkbox"/> EFV (Sustiva®)	_____	_____
<input type="checkbox"/> NVP (Viramune®)	_____	_____
<input type="checkbox"/> RPV (Edurant®)	_____	_____
<b>PI</b>		
<input type="checkbox"/> FPV (Telzir®)	_____	_____
<input type="checkbox"/> IDV (Crixivan®)	_____	_____
<input type="checkbox"/> NFV (Viracept®)	_____	_____
<input type="checkbox"/> SQV (Invirase®)	_____	_____
<input type="checkbox"/> LPV (Kaletra®)	_____	_____
<input type="checkbox"/> ATV (Reyataz®)	_____	_____
<input type="checkbox"/> TPV (Aptivus®)	_____	_____
<input type="checkbox"/> DRV (Prezista®)	_____	_____
<input type="checkbox"/> rtv (Norvir®, "Booster")	_____	_____
<b>INI</b>		
<input type="checkbox"/> RAL (Isentress®)	_____	_____
<input type="checkbox"/> EVG (Best. Stribild®)	_____	_____
<input type="checkbox"/> DTG (Tivicay®)	_____	_____
<b>Other</b>		
<input type="checkbox"/>	_____	_____

**COMEDICATION (PLEASE COMPLETE)**

Bromazepam  
 Clobazam  
 Norclobazam  
 Clonazepam  
 Carbamazepin  
 Diazepam  
 Ibuprofen  
 Isoniazid  
 Itraconazol  
 Lopramid  
 Methadon  
 Nortryptillin  
 Oxazepam  
 Promazin  
 Pyrimethamin  
 Rifampicin  
 Sulfamethoxazol  
 Trimethoprim  
 Trimipramin

**Other**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requesting physician (address and signature)