



Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

Requesting physician:

Patient:

Request Form – Therapeutic Drug Monitoring - HIV

Sample Type: 3 ml serum

Patient:

Gender: m f

Ethnicity: _____

Clinical Classification:

Therapy failure Dose adjustment Adherence

Current Therapy:

	Last intake date/time	Dosage [mg]
NNRTI		
<input type="checkbox"/> EFV (Sustiva®)	_____	_____
<input type="checkbox"/> NVP (Viramune®)	_____	_____
<input type="checkbox"/> RPV (Edurant®)	_____	_____
PI		
<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"/> rtr (Norvir®, "Booster")	_____	_____
INI		
<input type="checkbox"/> RAL (Isentress®)	_____	_____
<input type="checkbox"/> EVG (Best. Stribild®)	_____	_____
<input type="checkbox"/> DTG (Tivicay®)	_____	_____
Other		
_____	_____	_____

Comedication (please complete)

<input type="checkbox"/> Bromazepam
<input type="checkbox"/> Clobazam
<input type="checkbox"/> Norclobazam
<input type="checkbox"/> Clonazepam
<input type="checkbox"/> Carbamazepin
<input type="checkbox"/> Diazepam
<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Isoniazid
<input type="checkbox"/> Itraconazol
<input type="checkbox"/> Lopramid
<input type="checkbox"/> Methadon
<input type="checkbox"/> Nortryptillin
<input type="checkbox"/> Oxazepam
<input type="checkbox"/> Promazin
<input type="checkbox"/> Pyrimethamin
<input type="checkbox"/> Rifampicin
<input type="checkbox"/> Sulfamethoxazol
<input type="checkbox"/> Trimethoprim
<input type="checkbox"/> Trimipramin
Other
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Sampling date / time: _____ **Signature:** _____