

Kombikakod

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Remitterande läkare

Personnummer/reservnummer (om handskrivet)

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Annan betalare (namn/kombikakod)

Laboratoriets anteckningar



21 0003 7806

## Provtagningsstid

Månad	Dag																																				
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 Akut

Svar till telefonnr (ej fax)

 BlodsmittaPatientsamtycke<sup>1</sup> Nej Oförmögen

Provtagarens signatur

## Tidpunkt för senaste dos (före provtagning)

Månad	Dag																																				
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## Koncentrationsbestämning av läkemedel

<input type="radio"/> Fenobarbital	<input type="radio"/> Metadon	<input type="radio"/> Topiramat <sup>NP</sup>	<input type="radio"/> Apixaban <sup>NC</sup>
<input type="radio"/> Fenytoin	<input type="radio"/> Mykofenolsyra <sup>2</sup>	<input type="radio"/> Valproat	<input type="radio"/> Dabigatran
<input type="radio"/> Haloperidol	<input type="radio"/> Olanzapin	<input type="radio"/> Venlafaxin	<input type="radio"/> Rivaroxaban
<input type="radio"/> Itrakonazol	<input type="radio"/> Perfenazin	<input type="radio"/> Vorikonazol	<input type="radio"/> Aciklovir <sup>NS</sup>
<input type="radio"/> Isoniazid	<input type="radio"/> Piperacillin	<input type="radio"/> Zyklopentixol	<input type="radio"/> Amikacin
<input type="radio"/> Karbamazepin	<input type="radio"/> Posakonazol	<input type="radio"/> Ciklosporin <sup>3</sup> <sup>NE</sup>	<input type="radio"/> Ganciklovir
<input type="radio"/> Klomipramin	<input type="radio"/> Quetiapin	<input type="radio"/> Everolimus <sup>3</sup>	<input type="radio"/> Gentamicin
<input type="radio"/> Klozapin	<input type="radio"/> Ribavirin	<input type="radio"/> Sirolimus <sup>3</sup>	<input type="radio"/> Teikoplanin
<input type="radio"/> Lamotrigin	<input type="radio"/> Rifampicin	<input type="radio"/> Takrolimus <sup>3</sup>	<input type="radio"/> Tobramycin
<input type="radio"/> Levetiracetam	<input type="radio"/> Risperidon	<input type="radio"/> Tiopurin-metaboliter <sup>3,4,5</sup>	<input type="radio"/> Vankomycin
<input type="radio"/> Meropenem	<input type="radio"/> Sulfametoxazol		

## Farmakogenetisk analys (genotypning)

<input type="radio"/> CYP (cytokrom P450) <sup>3,6</sup> <sup>NE</sup>
<input type="radio"/> TPMT (genotypning + fenotypning) <sup>3,4,7</sup>
<input type="radio"/> Warfaringenotypning (CYP2C9 + VKORC1) <sup>3,8</sup>

## Orsak till genotypning

<input type="radio"/> Biverkningar
<input type="radio"/> Otillräcklig behandlingseffekt
<input type="radio"/> Inför nyinsättning

Beskriv under kliniska uppgifter vad som föranleder genotypningen, involverade läkemedel, uppmätta läkemedelskoncentrationer etc.

 Annan önskad analys (ange nedan) Se www.karolinska.se/lab för fullständig analysförteckning

## Dosering av läkemedel som ska analyseras

Preparat / substans	Styrka	Aktuell dosering (antal tabletter, ml eller motsv.)	Datum för insättning/senaste dosändring (ÅÅMMDD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> p.o. <input type="radio"/> i.v. <input type="radio"/> i.m. Annan dosering	T.ex. 5 mg eller 1 mg/ml	Morgon Middag Kväll Till natten	<input type="radio"/> Oförändrat sedan länge

## Orsak till koncentrationsbestämning

<input type="radio"/> Rutinkontroll
<input type="radio"/> Intoxikation
<input type="radio"/> Biverkningar
<input type="radio"/> Otillräcklig behandlingseffekt
<input type="radio"/> Compliance-bedömning
<input type="radio"/> Annat (beskriv under kliniska uppgifter)

P-kreatinin (µmol/L)

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Vikt (kg)

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Längd (cm)

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## Kliniska uppgifter (indikation, biverkningar, tidigare dosering, övriga läkemedel etc.)

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