



Paziente	Richiesta per dosaggio di Farmaci nel Sangue
Apporre qui l'etichetta con il codice della richiesta	Età _____ [] anni [] mesi [] giorni Peso _____ Kg del Paziente
	Somministrazione terapeutica di : _____ mg/giorno
	Ultima somministrazione: data _____ ora _____
	Prelievo: data _____ ora _____

Farmaco da determinare	Farmaco assunto (nome commerciale)	LAB	CEP
<input type="checkbox"/> S-Acido Valproico	Depakin mg [] 200 [] 300 [] 500 Depamag mg [] 200 [] 500	085	085
<input type="checkbox"/> S-Brivaracetam	Nubriveo mg [] 10 [] 25 [] 50 [] 75 [] 100	0861	8622
<input type="checkbox"/> S-Carbamazepina	Tegretol mg [] 200 [] 400	073	073
<input type="checkbox"/> S-Etosuccimide	Zarontin o Petinimid mg [] 250	IM06	335
<input type="checkbox"/> S-Felbamato	Taloxa mg [] 600	L54462	54462
<input type="checkbox"/> S-Fenitoina	Dintoina mg [] 100	081	081
<input type="checkbox"/> S-Fenobarbital	Gardenale mg [] 50 [] 100 Luminale mg [] 15 [] 100 [] 200	084	084
<input type="checkbox"/> S-Gabapentin	[] Gabanex [] Gabapentin [] Neurontin mg	L54463	54463
<input type="checkbox"/> S-Lacosamide	[] Lacosamide [] Laprysta [] Ollat [] Nepilex [] Stutan [] Vimpat mg	0862	8621
<input type="checkbox"/> S-Lamotrigina	Lamictal mg [] 25 [] 50 [] 100 [] 200	001	108
<input type="checkbox"/> S-Levetiracetam	Keppra mg [] 500 [] 1000	IM04	333
<input type="checkbox"/> S-Oxcarbazepina	Tolep o Trileptal mg [] 300 [] 600	IM03	109
<input type="checkbox"/> S-Perampanel	[] Fycompa [] Fypalan mg	0863	8623
<input type="checkbox"/> S-Pregabalin	[] Aclaton [] Gabex [] Lyrica [] Preato [] Pregabalin [] Ecubalin [] Gaviria mg	L54464	54464
<input type="checkbox"/> S-Primidone	Mysoline mg [] 250	107	E107
<input type="checkbox"/> S-Rufinamide	Inovelon mg [] 100 [] 200 [] 400	L54465	54465
<input type="checkbox"/> S-Topiramato	Topamax mg [] 15 [] 25 [] 100	IM05	334
<input type="checkbox"/> S-Vigabatrin	Kigabeq mg [] 50 [] 100 Sabril [] 1 g [] 500 mg	L54461	54461
<input type="checkbox"/> S-Zonisamide	Zonegram mg [] 25 [] 50 [] 100	IM002	107
<input type="checkbox"/> S-Litio	Carbolithium mg [] 150 [] 300 Litio Carbonato mg [] 300 Solfato di Litio (Resilient) mg [] 83	118	118
<input type="checkbox"/> Sg-Litio intraeritrocitario	Carbolithium mg [] 150 [] 300 Litio Carbonato mg [] 300 Solfato di Litio (Resilient) mg [] 83	117	117
<input type="checkbox"/> P-Clozapina	Clozapina mg [] 25 [] 50 [] 100 Leponex mg [] 25 [] 100	IM11	045
<input type="checkbox"/> S-Digossina	Lanoxin mg [] 0,062 [] 0,125 [] 0,25 Eudigox mg [] 0,1 [] 0,2	139	139
<input type="checkbox"/> S-Paracetamolo	Per assunzione incongrua: specificare	7541	533
<input type="checkbox"/> S-Salicilato	Per assunzione incongrua: specificare	071	071
<input type="checkbox"/> S-Metotrexato	Teva mg [] 25 [] 100 Hospira g [] 1 [] 5 mg [] 50 [] 500	1001	481
<input type="checkbox"/> Sg-Ciclosporina basale	Sandimmun Neoral mg [] 10 [] 25 [] 50 [] 100 Ciqorin mg [] 10 [] 25 [] 50 [] 100	E513	705
<input type="checkbox"/> Sg-Ciclosporina C2	Sandimmun Neoral mg [] 10 [] 25 [] 50 [] 100 Ciqorin mg [] 10 [] 25 [] 50 [] 100	E514B	709
<input type="checkbox"/> Sg-Everolimus	Certican mg [] 0,25 [] 0,75	E517	702
<input type="checkbox"/> P-Micofenolato	Myfortic mg [] 60 [] 180 Cellcept mg [] 250 [] 500	E514	701
<input type="checkbox"/> Sg-Sirolimus	Rapamune mg [] 0,5 [] 1 [] 2	L5446	5446L
<input type="checkbox"/> Sg-Tacrolimus (FK506)	Prograf mg [] 0,5 [] 1 [] 5	FK	704



Farmaco da determinare	Farmaco assunto (nome commerciale)	LAB	CEP
ANTIMICOTICI			
<input type="checkbox"/> S-Anidulafungina	Anidulafungina [] 100 mg Ecalta [] 100 mg	AM09	5442
<input type="checkbox"/> S-Caspofungina	Concidas [] 50 mg [] 70 mg Caspofungin [] 50 mg [] 70 mg	AM01	284
<input type="checkbox"/> S-Fluconazolo	Diflucan [] 50 mg [] 100 mg [] 150 mg [] 200 mg	AM02	288
<input type="checkbox"/> S-5-Flucitosina	Ancotil [] 500 mg	AM03	289
<input type="checkbox"/> S-Isavuconazolo	Cresemba [] 100 mg [] 200 mg	AM10	5443
<input type="checkbox"/> S-Itraconazolo/ Idrossitraconazolo	Sporanox [] 100 mg	AM04	302
<input type="checkbox"/> S-Ketoconazolo	Nizoral [] 200 mg	AM05	305
<input type="checkbox"/> S-Micafungina	Micafungina [] 50 mg [] 100 mg Mycamine [] 50 mg [] 100mg	AM11	5444
<input type="checkbox"/> S-Posaconazolo	Noxafil [] 40 mg	AM06	307
<input type="checkbox"/> S-Voriconazolo	Vfend [] 50 mg [] 200 mg	AM07	308
ANTIRETROVIRALI			
<input type="checkbox"/> S-Amprenavir	Aptivus [] 250 mg	AMPRE	565
<input type="checkbox"/> S-Atazanavir	Agenerase [] 50 mg [] 150 mg	ATAZA	566
<input type="checkbox"/> S-Darunavir	Evotazmg [] 150 mg [] 300 mg Reyataz [] 100 mg [] 150 mg [] 200 mg [] 300 mg	DARUN	567
<input type="checkbox"/> S-Efavirenz	Prezista [] 100 mg/ml Rezolsta [] 800 mg	EFAVI	568
<input type="checkbox"/> S-Etravirina	Atripla [] 600 mg Sustiva [] 50 mg [] 100 mg [] 200 mg	ETRAV	569
<input type="checkbox"/> S-Indinavir	Intelence [] 25 mg	INDIN	570
<input type="checkbox"/> S-Lopinavir	Crixivan [] 200 mg	LOPIV	571
<input type="checkbox"/> S-Maraviroc	Kaletra [] 80 mg	MARAV	572
<input type="checkbox"/> S-Nelfinavir	Celsentry [] 150 mg	NELFI	573
<input type="checkbox"/> S-Nevirapina	Viracept [] 50mg [] 250 mg	NEPIR	574
<input type="checkbox"/> S-Raltegravir	Viramune [] 200 mg	RALTE	575
<input type="checkbox"/> S-Ritonavir	Isentress [] 400 mg	RITON	576
<input type="checkbox"/> S-Saquinavir	Norvir [] 80 mg Telzir [] 700 mg	SAQUI	577
<input type="checkbox"/> S-Elvitegravir	Invirase [] 200 mg [] 500 mg	ELVIT	578
<input type="checkbox"/> S-Rilpivirina	Genvoya [] 150 mg Stribild [] 150 mg	RILPI	579
<input type="checkbox"/> S-Delavirdina	Edurant [] 25 mg	DELAV	588
<input type="checkbox"/> S-Nelfinavir-M8	Rescriptor [] 100 mg [] 200 mg	NELFI	589

Data

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Firma dell'operatore che compila il Modulo