

Start date End date

Dosage regimen

Biomnis

Clinical Information Form Infectious agents

INTERNATIONAL DIVISION	■ DEFEDR	ING I ARORATOR	v			
INTERNATIONAL DIVISION 17/19, avenue Tony Garnier - BP 7322 69357 Lyon cedex 07 Tel.: +33 (0)4 72 80 23 85 Fax: +33 (0)4 72 80 73 56 E-mail: international@biomnis.com PATIENT DETAILS First name(s): Surname:	Surname: Address: Post code: L Department/ The telephon ESSENTIAL Tel.: L L Prescribing of	Surname: Address: Post code: City: Country: Department/ward: The telephone and fax number of the requesting department/ward is ESSENTIAL in order to send patient results quickly. Tel.: Fax: Fax:				
ESSENTIAL INFORMATION						
	S Las	Clearance :				
Clinical details (disease, site of infection, bacterial agent(s), sensitivity results and MIC if performed etc.) Reason for the request Therapeutic monitoring Suspected under-dosing and ineffectiveness Suspected overdose and toxicity Drug interactions						
Sample type		Other (please specify):				
ANTIBIOTIC TO BE QUANTIFIED Unit dosage Method of administration (if perfusion, indical Number of injections or administrations/24 has Time of injection/administrations Start date of treatment Date of dosage regimen modification Last administration: - date - time Date/time of collection - sample 1 Date/time of collection - sample 2						
ANTIBIOTICS AND MEDICATION RECEIVED IN THE PAST 8 DAYS: COMPULSORY INFORMATION						
NAME						

INTGB - November 2016