



Foillseanúchta na Seirbhíse Sláinte
Health Service Executive

LÁRIONAD NÁISIÚNTA
CÓIREÁLA DRUGAÍ
NATIONAL DRUG TREATMENT

McCarthy Centre, 30-31 Pearse Street, Dublin 2.
Telephone: +353 1 648 8645
Fax: +353 1 648 8618
Email: lab@dtcb.ie

LF8 – SERUM METHADONE LEVEL REQUEST FORM (Version 1.1)

Patient Name			SAMPLE DETAILS: Please complete all sections below;		
Date of Birth			Current Dosage:		
Gender (tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Last Dose	Date :	Time:
Requesting Doctor:			Sample Taken	Date :	Time:
Clinic/GP address:			SAMPLING CRITERIA;		
Requesting Signature:			<ul style="list-style-type: none"> Patient must have completed a minimum of 3 days supervised methadone consumption before blood sample is taken The time of dosing on each day should be the same (+/- 30 minutes) The sample must be taken immediately before the next dose on day 4 Samples must be collected into a serum tube, 10mls where possible The sample must be accompanied by a completed request form <p style="text-align: center;"><i>Failure to adhere to these guidelines will result in unreliable data</i></p> <p>See guide below for more information on monitoring of Methadone levels; http://www.dtcb.ie/_fileupload/general/HSE_NDTC_Drug_Analysis_Laboratory-A_Guide_to_Service_Users.pdf</p>		
Barcode (lab use only):	Methadone Level (ng/ml)				
	Reported by:				
	Date:				