



SCOTTISH TDM SERVICE - INFLIXIMAB REQUEST

Please complete each question either by ticking a box or completing the open text box with a comment. It is a requirement of the NSD funding that this information is collated and audits on effectiveness undertaken.

Please forward completed form and sample to: -

Dr Peter Galloway, Consultant Clinical Biochemist, Laboratory Building, QEUH, G51 4TF

<i>Patient Label</i>	DATE OF TEST ____/____/____
	RESPONSIBLE CLINICIAN/NURSE _____
	HOSPITAL _____

1) PRIMARY INDICATION FOR DRUG PRESCRIPTION

- | | | | |
|------------------------|--------------------------|-------------------------------|--------------------------|
| CROHNS DISEASE | <input type="checkbox"/> | RHEUMATOID ARTHRITIS | <input type="checkbox"/> |
| ULCERATIVE COLITIS | <input type="checkbox"/> | ANKYLOSING SPONDYLITIS | <input type="checkbox"/> |
| OTHER GASTROINTESTINAL | <input type="checkbox"/> | PSORIATIC ARTHRITIS | <input type="checkbox"/> |
| | | JUVENILE IDIOPATHIC ARTHRITIS | <input type="checkbox"/> |
| UVEITIS | <input type="checkbox"/> | OTHER RHEUMATOLOGICAL | <input type="checkbox"/> |

2) INFLIXIMAB BRAND

- | | | | |
|----------|--------------------------|-----------|--------------------------|
| REMSIMA | <input type="checkbox"/> | INFLECTRA | <input type="checkbox"/> |
| REMICADE | <input type="checkbox"/> | OTHER | <input type="text"/> |

3) DRUG DOSE

- | | | | | | |
|--------|--------------------------|--------|--------------------------|---------|--------------------------|
| 5MG/KG | <input type="checkbox"/> | 6MG/KG | <input type="checkbox"/> | 10MG/KG | <input type="checkbox"/> |
|--------|--------------------------|--------|--------------------------|---------|--------------------------|

OTHER

4) DOSING FREQUENCY

- 8 WEEKLY 6 WEEKLY
4 WEEKLY

OTHER

5) CONCOMITANT IMMUNOSUPPRESSION

- THIOPURINE METHOTREXATE
LEFLUNOMIDE SULPHASALAZINE
NONE

OTHER

6) INDICATION FOR TEST

- PRIMARY NON-RESPONSE END OF INDUCTION (WEEK 12-14)
(RESPONDING TO TREATMENT)
SECONDARY LOSS OF RESPONSE PLANNED TREATMENT REVIEW
(RESPONDING TO TREATMENT)
POST DOSE-ADJUSTMENT

OTHER

7) ADDITIONAL INFORMATION

Please use this free text box to supply further relevant information