

Thames Audit on Therapeutic Drug Monitoring

Part 1: About Your Laboratory

Laboratory Status:

- a. Teaching hospital ☐
- b. DGH ☐
- c. Specialist ☐
- d. Other ☐

Network status:

- a. Part of a network ☐
- b. Not part of a network ☐

If (a), please confirm whether your answers are on behalf of:

- a. Your site only ☐
- b. All sites within network/organisation ☐

If (b), please specify number and type of sites:

Part 2: Feedback from Secondary Hypertension Audit

Did your laboratory participate in the audit on Secondary Hypertension?

Yes ☐ No ☐

Did you implement any changes in practice following this audit?

Yes ☐ No ☐

If yes, please specify:

Part 3: Audit on Therapeutic Drug Monitoring

1. Cardiac

a. Assay Details

Please detail responses within the table

Assay	Sample Type	In-House/Referral	Units	Therapeutic Range	Source of Ranges	Methodology	Supplier	EQA Scheme
Anti-hypertensive screen*								
Digoxin								

*This will be defined by the lab offering the test but would be helpful to provide some examples of drugs included in screen.

b. Requesting Restrictions

Are any of the following restricted to certain locations and what restrictions are applied:

Assay	Is this test restricted? (Y/N)	What Restrictions are in place
Anti-hypertensive screen		
Digoxin		

c. Collection Details including Advice on Interfering Compounds

Do you provide any collection advice on the following:

Assay	Is advice Provided (Y/N)	What Advice is Provided
Anti-hypertensive screen*		
Digoxin		

d. Comments

Do you apply any clinical or interpretative comments to your results:

Assay	Automatic (Y/N)	User Selected Comments (Y/N)	Comments added by Clinical Staff (Y/N)	If you wish to share any of these comment please indicate when they are used
Anti-hypertensive screen				
Digoxin				

2. **Antiepileptic**

a. Assay Details

Please detail responses within the table

Assay	Sample Type	In-House/Referral	Units	Therapeutic Range	Source of Ranges	Methodology	Supplier	EQA Scheme
Carbamazepine								
Carbamazepine-epoxide (metabolite)								
Clonazepam								
Free Phenytoin								
Gabapentin								
Lamotrigine								
Levetiracetam								
Phenobarbital								
Phenytoin								
Topiramate								
Valproic acid								

b. Requesting Restrictions

Are any of the following restricted to certain locations and what restrictions are applied:

Assay	Is this test restricted? (Y/N)	What Restrictions are in place
Carbamazepine		
Carbamazepine-epoxide (metabolite)		
Clonazepam		
Free Phenytoin		
Gabapentin		
Lamotrigine		
Levetiracetam		
Phenobarbital		
Phenytoin		
Topiramate		
Valproic acid		

c. Collection Details including Advice on Interfering Compounds

Do you provide any collection advice on the following:

Assay	Is advice Provided (Y/N)	What Advice is Provided
Carbamazepine		
Carbamazepine-epoxide (metabolite)		
Clonazepam		
Free Phenytoin		
Gabapentin		
Lamotrigine		
Levetiracetam		
Phenobarbital		
Phenytoin		

Topiramate		
Valproic acid		

d. Comments

Do you apply any clinical or interpretative comments to your results:

Assay	Automatic (Y/N)	User Selected Comments (Y/N)	Comments added by Clinical Staff (Y/N)	If you wish to share any of these comment please indicate when they are used
Carbamazepine				
Carbamazepine-epoxide (metabolite)				
Clonazepam				
Free Phenytoin				
Gabapentin				
Lamotrigine				
Levetiracetam				
Phenobarbital				
Phenytoin				
Topiramate				
Valproic acid				

3. Immunosuppressants

a. Assay Details

Please detail responses within the table

Assay	Sample Type	In-House/Referral	Units	Therapeutic Range	Source of Ranges	Methodology	Supplier	EQA Scheme
Ciclosporin								
Everolimus								
Mycophenolate								
Tacrolimus								

b. Requesting Restrictions

Are any of the following restricted to certain locations and what restrictions are applied:

Assay	Is this test restricted? (Y/N)	What Restrictions are in place
Ciclosporin		
Everolimus		
Mycophenolate		
Tacrolimus		

c. Collection Details including Advice on Interfering Compounds

Do you provide any collection advice on the following:

Assay	Is advice Provided (Y/N)	What Advice is Provided
Ciclosporin		
Everolimus		
Mycophenolate		
Tacrolimus		

d. Comments

Do you apply any clinical or interpretative comments to your results:

Assay	Automatic (Y/N)	User Selected Comments (Y/N)	Comments added by Clinical Staff (Y/N)	If you wish to share any of these comment please indicate when they are used
Ciclosporin				
Everolimus				
Mycophenolate				
Tacrolimus				

e. Shared Care Patients

If your hospital has shared care patients please describe the process to ensure accessibility of results?

4. Antibiotics

a. Assay Details

Please detail responses within the table

Assay	Sample Type	In-House/Referral	Units	Therapeutic Range	Source of Ranges	Methodology	Supplier	EQA Scheme
Amikacin								
Gentamicin								
Teicoplanin								
Tobramycin								
Vancomycin								

b. Requesting Restrictions

Are any of the following restricted to certain locations and what restrictions are applied:

Assay	Is this test restricted? (Y/N)	What Restrictions are in place
Amikacin		
Gentamicin		
Teicoplanin		
Tobramycin		
Vancomycin		

c. Collection Details including Advice on Interfering Compounds

Do you provide any collection advice on the following:

Assay	Is advice Provided (Y/N)	What Advice is Provided
Amikacin		
Gentamicin		
Teicoplanin		
Tobramycin		
Vancomycin		

5. Clinical Support

Does Microbiology provide interpretative comments and clinical support for these tests?

Assay	Microbiology Interpretative Comments (Y/N)	If no are any comments provided?	Microbiology Clinical Support (Y/N)	If no, are Biochemistry providing Clinical Support?
Amikacin				
Gentamicin				
Teicoplanin				
Tobramycin				

Vancomycin				
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6. Escalation of Results

Are any of the following tests escalated to the clinical teams and what method of communication is used to escalate:

Assay	Escalated to Clinical Team (Y/N)	Any Further Comments e.g. not escalated to Primary Care	Limits of Escalation	Method of Escalation e.g. phone
Anti-hypertensive screen				
Digoxin				
Carbamazepine				
Carbamazepine-epoxide (metabolite)				
Clonazepam				
Free Phenytoin				
Gabapentin				
Lamotrigine				
Levetiracetam				
Phenobarbital				
Phenytoin				
Topiramate				
Valproic acid				
Ciclosporin				
Everolimus				
Mycophenolate				
Tacrolimus				
Amikacin				
Gentamicin				
Teicoplanin				
Tobramycin				
Vancomycin				



Thank you for completing the questionnaire.

Your name (optional):

Your position (optional):

Questionnaire compiled by Emily Leach, Member of the Thames Audit Group – April 25. Please email completed questionnaires to Emily.leach@nnuh.nhs.uk by **Friday 16th May 2025.**

Audit to be presented on Monday 2nd June 2025.