

Mycophenolic Acid, Estimated AUC - Oral_303 FOR-IT-002

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Blood Sample Collection Record for Estimation of Area Under the Curve (AUC 0-12 hr) for Oral Mycophenolic Acid Using Limited (four) Samples.

Patient details

Surname	
First Name	
UR Number	
DOB	

or attach sticker with patient details
here

Drug details

A blood sample is taken pre-dose and sample time recorded. The dose is administered and time and dose details recorded. Then the times for +1, +2 and +4 hrs post dose samples are calculated and recorded as 'Time Sample Due'. Collect samples and record exact time of each collection.

Drug name: MYCOPHENOLATE MOFETIL (or CellCept) ☐
 or
SODIUM MYCOPHENOLATE (or Myfortic) ☐ Please tick selection

Dose: mg Exact date and time of today's dose (dd/mm/yy hr:min)

Duration on this medication? 0-3 months ☐ 6-12 months ☐
 3-6 months ☐ >12 months ☐ Please tick selection

Is this patient also taking Cyclosporin (or Neoral)? Yes ☐ No ☐ Please tick selection

Collection Details

Sample No	Sample	Time Sample Due	Actual Time taken	Comments
1	Pre dose			
Drug Dose administered (exact time):				
2	1 hr			
3	2 hr			
4	4 hr			

Name & Contact of person collecting samples:

Please list other drugs taken concurrently or in the last 12 – 24 hrs (ie possibly present in the samples)

Drug No	Drug Name	Time	Dose	Comments
1				
2				
3				

Provide additional sheet if required.

A completed copy of this page must accompany samples.