FAX form for requests to the Interaction Hotline

Phone: +49160 / 90 24 41 00

Medication (ART, co-medication and herbal extracts)

Medication	Dose	TDM for ART (if available)
1.		❑ within therapeutic range ❑ too high ❑ too low
2		❑ within therapeutic range ❑ too high ❑ too low
3.		❑ within therapeutic range ❑ too high ❑ too low
4.		
5.		
6.		
7.		
8.		
9.		

Request

Concomitant diseases / symptoms

Current complaints: .....

Concomitant diseases: .....

Reduced renal function: yes ❑ no ❑ Creatinine value: ..... mg/dl
Age: ....., Weight: ....., female ❑ male ❑

Reduced liver function: yes ❑ no ❑ GOT: ❑ normal ❑ Level 1 ❑ Level 2 ❑ Level 3
(WHO: Level 1: 1 to 1.5-fold increased; Level 2: 2.5 to 5-fold increased; Level 3: > 5-fold increased)

CHE: ❑ normal ❑ Level 1 ❑ Level 2 ❑ Level 3

Personal data

Title *First name* *Name*

Facility *Street address* *City*

Phone *Fax* *e-Mail*

Reply desired: ❑ on the same day ❑ in the same week

Abbott Virology