

LF-GEN-0031 Rev. No. 01	Gentamicin / Vancomycin Request Form	Page 1 of 1 Effective Date: 14/01/2026
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## Gentamicin / Vancomycin Request Form

*SAMPLE TYPE: SERUM (RED TOP)*

Surname	Forename	DOB	MRN	Ward /Clinic	Sex (M/F)
Affix Addressograph Label					
<b>Antibiotic for Analysis</b>	<b>Gentamicin [ ]</b>	<b>Vancomycin [ ]</b>			
<b>Last Dose (mg)</b>	<b>Date</b>	<b>Time</b>	<b>Signature</b>		
<b>Dose Type</b>	<b>Daily [ ]</b>	<b>Divided [ ]</b>			
<b>Pre-dose / Trough</b>			<b>Consultant Name / Bleep</b>		
<b>Post-dose / Peak</b>					
<b>Lab Use Only</b>	<b>Date/Time Received</b>	<b>Affix Label No:</b>			

Ensure specimen is correctly labeled and accompanied by this form.