

**Department of Pathology Our Lady's Hospital**

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

**SAMPLE TYPE: SERUM (RED TOP)**

<b>Surname</b>	<b>Forename</b>	<b>DOB</b>	<b>MRN</b>	<b>Ward /Clinic</b>	<b>Sex (M/F)</b>
<b>Affix Addressograph Label</b>					

<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.