**METHOD QUESTIONNAIRE**

**Laboratory Code:** ....……... **Section Name:** ….......……………………….………

**Main Instrument: Manufacturer:** …………………..…………**Model:** ……………………………………………….…….….. **Organisation Name and Address:** …………………………..………………..…………………………………………..….………

………………………………………………………………………………………………………………………………………………………….

**IF YOU DO NOT RETURN RESULTS FOR AN ANALYTE IN THE TABLE, PLEASE WRITE IN ‘N/A’.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Analyte*** | ***Reagent Kit Supplier / Manufacturer*** | ***Reagent Kit Catalogue Number*** | ***Method Type (e.g. KIMS / PETINIA / FPIA etc.)*** |
| **Amikacin** |  |  |  |
| **Carbamazepine** |  |  |  |
| **Digoxin** |  |  |  |
| **Lamotrigine** |  |  |  |
| **Gentamicin** |  |  |  |
| **Lithium** |  |  |  |
| **Methotrexate** |  |  |  |
| **Phenobarbital** |  |  |  |
| **Phenytoin** |  |  |  |
| **Teicoplanin** |  |  |  |
| **Theophylline** |  |  |  |
| **Tobramycin** |  |  |  |
| **Valproic Acid** |  |  |  |
| **Vancomycin** |  |  |  |

Please give details of any methods not specified in our classification guide.

 Where you have modified the calibration, either by introducing a slope and intercept or changing the calibrator assigned value, please include details.

 **If you wish to submit results for more than one section, please copy this form.**

Please state any other drug you would like to be included in the scheme:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Analyte*** | **Therapeutic range** | ***Reagent Kit Supplier / Manufacturer*** | ***Reagent Kit Catalogue Number*** | ***Method Type (e.g. KIMS / PETINIA / FPIA etc.)*** |
|  |  |  |  |  |
|  |  |  |  |  |