

## Farmaci e Droghe

|                             |                              |                                                          |
|-----------------------------|------------------------------|----------------------------------------------------------|
| Cognome                     |                              | <input type="checkbox"/> F<br><input type="checkbox"/> M |
| Nome                        |                              | Data di nascita                                          |
| Indirizzo Via, Nr.          |                              |                                                          |
| PLZ                         | Località                     |                                                          |
| Telefono                    | Vostro numero di riferimento |                                                          |
| E-Mail                      |                              |                                                          |
| c/o (rappresentante legale) |                              |                                                          |

|                                                                                                                                                                       |     |              |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|------------------------------------------------------|
| Data del prelievo                                                                                                                                                     | Ora | Altezza (cm) | <input type="checkbox"/> Gravidanza<br>SDG    Giorni |
| Visto                                                                                                                                                                 |     | Peso (kg)    | +                                                    |
| Motivo della richiesta <input type="checkbox"/> Malattia <input type="checkbox"/> Infortunio <input type="checkbox"/> Prevenzione <input type="checkbox"/> Gravidanza |     |              |                                                      |
| Dati clinici / Quesito diagnostico                                                                                                                                    |     |              |                                                      |

### Materiale

- |                                    |                              |                                  |
|------------------------------------|------------------------------|----------------------------------|
| <b>S</b> Siero con Gel separatore  | <b>EP</b> Plasma EDTA        | <b>HD</b> Eparina + DTT          |
| <b>NS</b> Siero nativo (senza Gel) | <b>EV</b> Sangue intero EDTA | <b>FP</b> Plasma fluoruro        |
|                                    |                              | <b>Sp</b> Urina spontanea nativa |

- |                                                                                     |                                   |
|-------------------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Refrigerato                                                | <input type="checkbox"/> Corretto |
| <input type="checkbox"/> Congelato                                                  | <input type="checkbox"/> Errato   |
| <input checked="" type="checkbox"/> Protetto dalla luce                             |                                   |
| <input checked="" type="checkbox"/> Prelievo di sangue al picco (di concentrazione) |                                   |

### Richiedente

### Referto

- |                                            |                                   |                                   |                                          |
|--------------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------|
| <input type="checkbox"/> Urgenza           | <input type="checkbox"/> Telefono | <input type="checkbox"/> Parziale | <input type="checkbox"/> Interpretazione |
| <input type="checkbox"/> Copia al paziente |                                   |                                   |                                          |
| <input type="checkbox"/> Copia ad altri:   |                                   |                                   |                                          |

### Fatturazione

- |                                       |                                   |                                      |                                |
|---------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Cassa Malati | <input type="checkbox"/> Paziente | <input type="checkbox"/> Richiedente | <input type="checkbox"/> Altri |
|---------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|

Assicurazione:

Nr. assicurato (per invalidità: numero di caso e AVS):

Ulteriori informazioni :

### Farmaci

#### Analgesici

- |           |                                                            |
|-----------|------------------------------------------------------------|
| <b>NS</b> | <input type="checkbox"/> Acemetacina (Tilur®) ° ❄          |
|           | + Indometacina                                             |
| <b>NS</b> | <input type="checkbox"/> Buprenorfina (es. Subutex®) °     |
| <b>NS</b> | <input type="checkbox"/> Celecoxib (Celebrex®) ° 🔥         |
| <b>NS</b> | <input type="checkbox"/> Diclofenac (es. Voltaren®) °      |
| <b>NS</b> | <input type="checkbox"/> Etoricoxib (Arcoxia®) °           |
| <b>NS</b> | <input type="checkbox"/> Fentanyl (es. Actiq®) °           |
| <b>NS</b> | <input type="checkbox"/> Ibuprofene (es. Irfen®) °         |
| <b>NS</b> | <input type="checkbox"/> Indometacina (es. Indocid®) ° ❄   |
| <b>NS</b> | <input type="checkbox"/> Lidocaina (es. Xylocain®) °       |
| <b>NS</b> | <input type="checkbox"/> Acido mefenamico (es. Ponstan®) ° |
| <b>NS</b> | <input type="checkbox"/> Metamizolo (es. Novalgine®) ° ❄   |
|           | 4-Metilamminofenazone                                      |
| <b>EP</b> | <input type="checkbox"/> Naloxone (es. Targin®) ° 🔥        |
| <b>NS</b> | <input type="checkbox"/> Morfina (es. Sevre-Long®) °       |
|           | + Morfina-3-glucuronide                                    |
|           | + Morfina-6-glucuronide                                    |
| <b>NS</b> | <input type="checkbox"/> Naproxene (es. Vimovo®) °         |
| <b>NS</b> | <input type="checkbox"/> Ossicodone (es. Oxynorm®) °       |
| <b>NS</b> | <input type="checkbox"/> Paracetamolo (es. Dafalgan®)      |
| <b>NS</b> | <input type="checkbox"/> Acido salicilico (es. Aspirina®)  |
| <b>EP</b> | <input type="checkbox"/> Tapentadolo (Palexia®) °          |
| <b>NS</b> | <input type="checkbox"/> Tramadolo (es. Zaldiar®) °        |

#### Antibiotici

- |           |                                                        |
|-----------|--------------------------------------------------------|
| <b>NS</b> | <input type="checkbox"/> Amikacina (Amikin®)           |
| <b>NS</b> | <input type="checkbox"/> Amoxicillina (Augmentin®) ° ❄ |
|           | + Amoxicillina libera                                  |
| <b>NS</b> | <input type="checkbox"/> Daptomicina (Cubicin®) °      |
| <b>NS</b> | <input type="checkbox"/> Gentamicina (Garamycin®) 🔻    |
| <b>NS</b> | <input type="checkbox"/> Tobramicina (Obracin®) 🔻      |
| <b>NS</b> | <input type="checkbox"/> Vancomicina (Vancocin®)       |

#### Antidepressivi

- |           |                                                            |
|-----------|------------------------------------------------------------|
| <b>NS</b> | <input type="checkbox"/> Agomelatina (Valdoxan®) ° 🔥       |
| <b>NS</b> | <input type="checkbox"/> Amitriptilina (es. Saroten®) °    |
|           | + Nortriptilina                                            |
| <b>NS</b> | <input type="checkbox"/> Bupropione (es. Wellbutrin®) ° ❄  |
|           | + Idrossibupropione                                        |
| <b>NS</b> | <input type="checkbox"/> Citalopram (Seropram®) °          |
|           | + Desmetilcitalopram                                       |
| <b>NS</b> | <input type="checkbox"/> Clomipramina (Anafranil®) °       |
|           | + Desmetilclomipramina                                     |
| <b>NS</b> | <input type="checkbox"/> Dexmetilfenidato (Focalin®) ° 🔥 ❄ |
| <b>NS</b> | <input type="checkbox"/> Doxepina °                        |
|           | + Nordoxepina                                              |
| <b>NS</b> | <input type="checkbox"/> Duloxetina (Cymbalta®) °          |
| <b>NS</b> | <input type="checkbox"/> Escitalopram (Ciprallex®) °       |
|           | + Desmetilescitalopram                                     |
| <b>NS</b> | <input type="checkbox"/> Fluoxetina °                      |
|           | + Desmetilfluoxetina                                       |
| <b>NS</b> | <input type="checkbox"/> Fluvoxamina (Floxyfral®) °        |
| <b>NS</b> | <input type="checkbox"/> Imipramina °                      |
|           | + Desipramina                                              |
| <b>NS</b> | <input type="checkbox"/> Litio (es. Quilonorm®)            |
| <b>NS</b> | <input type="checkbox"/> Maprotilina ° 🔻                   |
| <b>NS</b> | <input type="checkbox"/> Mianserina °                      |
| <b>NS</b> | <input type="checkbox"/> Mirtazapina (Remeron®) °          |
|           | + Desmetilmirtazapina                                      |
| <b>NS</b> | <input type="checkbox"/> Moclobemide (Aurorix®) °          |
| <b>NS</b> | <input type="checkbox"/> Nortriptilina °                   |
| <b>NS</b> | <input type="checkbox"/> Opipramolo (Insidon®) °           |
| <b>NS</b> | <input type="checkbox"/> Paroxetina (es. Paronex®) °       |
| <b>NS</b> | <input type="checkbox"/> Reboxetina (Edronax®) °           |
| <b>NS</b> | <input type="checkbox"/> Sertralina (Zoloft®) °            |
|           | + Desmetilsertralina                                       |
| <b>NS</b> | <input type="checkbox"/> Trazodone (Trittico®) °           |
| <b>NS</b> | <input type="checkbox"/> Trimipramina (Surmontil®) °       |
|           | + Nortrimipramina                                          |
| <b>NS</b> | <input type="checkbox"/> Venlafaxina (Efexor®) °           |
|           | + Desmetilvenlafaxina                                      |
| <b>NS</b> | <input type="checkbox"/> Vortioxetina (Brintellix®) °      |

#### Antiepilettici

- |           |                                                           |
|-----------|-----------------------------------------------------------|
| <b>NS</b> | <input type="checkbox"/> Brivaracetam (Briviact®) °       |
| <b>NS</b> | <input type="checkbox"/> Carbamazepina (es. Tegretol®)    |
| <b>NS</b> | <input type="checkbox"/> Cenobamat (Ontozry®) ° ❄         |
| <b>NS</b> | <input type="checkbox"/> Eslicarbazepina (Zebinix®) °     |
|           | Carbazepina-10-OH                                         |
| <b>NS</b> | <input type="checkbox"/> Ethosuximide (Petinimid®) °      |
| <b>NS</b> | <input type="checkbox"/> Felbamato (Taloxa®) °            |
| <b>NS</b> | <input type="checkbox"/> Gabapentin (Neurontin®) °        |
| <b>NS</b> | <input type="checkbox"/> Lacosamide (Vimpat®) °           |
| <b>NS</b> | <input type="checkbox"/> Lamotrigina (es. Lamotrin®) °    |
| <b>NS</b> | <input type="checkbox"/> Levetiracetam (es. Keppra®) °    |
| <b>NS</b> | <input type="checkbox"/> Oxcarbazepina (es. Trileptal®) ° |
|           | Carbazepina-10-OH                                         |
| <b>NS</b> | <input type="checkbox"/> Perampanel (Fycopma®) °          |
| <b>NS</b> | <input type="checkbox"/> Fenobarbital (Aphenylbarbit®)    |
| <b>NS</b> | <input type="checkbox"/> Fenitoina (Phenhydant®)          |
| <b>NS</b> | <input type="checkbox"/> Pregabalin (Lyrica®) °           |
| <b>NS</b> | <input type="checkbox"/> Primidone (Mysoline®) °          |
|           | + Fenobarbital                                            |
| <b>NS</b> | <input type="checkbox"/> Rufinamide (Inovelon®) °         |
| <b>NS</b> | <input type="checkbox"/> Stiripentolo (Diacomit®) °       |
| <b>NS</b> | <input type="checkbox"/> Sultiame (Ospolot®) °            |
| <b>NS</b> | <input type="checkbox"/> Topiramato (Topamax®) °          |
| <b>NS</b> | <input type="checkbox"/> Valproato (es. Depakine®)        |
| <b>NS</b> | <input type="checkbox"/> Vigabatrin (Sabril®) °           |
| <b>NS</b> | <input type="checkbox"/> Zonisamide (Zonegran®) °         |

#### Antielmintici

- |           |                                                      |
|-----------|------------------------------------------------------|
| <b>NS</b> | <input type="checkbox"/> Albendazolo (Zentel®) ° 🔥 🔻 |
|           | Sulfossido di Albendazolo                            |

#### Anticoagulanti

- |           |                                                       |
|-----------|-------------------------------------------------------|
| <b>NS</b> | <input type="checkbox"/> Dabigatran (Pradaxa®) °      |
| <b>NS</b> | <input type="checkbox"/> Rivaroxaban (es. Xarelto®) ° |

#### Antimicotici

- |                                  |                                                              |
|----------------------------------|--------------------------------------------------------------|
| <b>NS</b>                        | <input type="checkbox"/> Itraconazolo (Sporanox®) °          |
|                                  | + Idrossi-Itraconazolo                                       |
| <b>NS</b>                        | <input type="checkbox"/> Terbinafina (es. Lamisil®) °        |
| <b>NS</b>                        | <input type="checkbox"/> Voriconazolo (Vfend®) °             |
| <b>Benzodiazepine / Sedativi</b> |                                                              |
| <b>NS</b>                        | <input type="checkbox"/> Alprazolam (Xanax®) °               |
| <b>NS</b>                        | <input type="checkbox"/> Atomoxetina ° 🔥                     |
| <b>NS</b>                        | <input type="checkbox"/> Bromazepam (Lexotanil®) °           |
| <b>EP</b>                        | <input type="checkbox"/> Clordiazepossido (es. Limbitrol®) ° |
| <b>NS</b>                        | <input type="checkbox"/> Clobazam (Urbanyl®) °               |
|                                  | + Desmetilclobazam                                           |
| <b>NS</b>                        | <input type="checkbox"/> Clonazepam (Rivotril®) °            |
| <b>NS</b>                        | <input type="checkbox"/> Clorazepato (Tranxilium®) °         |
|                                  | Desmetildiazepam                                             |
|                                  | Oxazepam                                                     |
| <b>NS</b>                        | <input type="checkbox"/> Diazepam (es. Valium®) °            |
|                                  | + Desmetildiazepam                                           |
| <b>NS</b>                        | <input type="checkbox"/> Flunitrazepam (Rohypnot®) °         |
| <b>NS</b>                        | <input type="checkbox"/> Flurazepam (Dalmadorm®) ° 🔥         |
|                                  | + Desalchilflurazepam                                        |
| <b>NS</b>                        | <input type="checkbox"/> Lorazepam (es. Temesta®) °          |
| <b>NS</b>                        | <input type="checkbox"/> Metilfenidato (es. Ritalin®) ° 🔥 ❄  |
| <b>NS</b>                        | <input type="checkbox"/> Midazolam (es. Dormicum®) °         |
|                                  | + Midazolam-1-OH                                             |
| <b>NS</b>                        | <input type="checkbox"/> Nitrazepam (Mogadon®) °             |
| <b>NS</b>                        | <input type="checkbox"/> Oxazepam (Seresta®) °               |
| <b>NS</b>                        | <input type="checkbox"/> Temazepam (Normison®) °             |
|                                  | + Oxazepam                                                   |
| <b>NS</b>                        | <input type="checkbox"/> Zolpidem (es. Stilnox®) ° 🔥         |
| <b>EP</b>                        | <input type="checkbox"/> Zopiclon (Imovane®) °               |

| Material                               |                                  |                                      |                                                            |                                       |
|----------------------------------------|----------------------------------|--------------------------------------|------------------------------------------------------------|---------------------------------------|
| <div>S</div> Siero con Gel separatore  | <div>EP</div> Plasma EDTA        | <div>HD</div> Eparina + DTT          | <div>Refrigerato</div>                                     | <div>Corretto</div> <div>Errato</div> |
| <div>NS</div> Siero nativo (senza Gel) | <div>EV</div> Sangue intero EDTA | <div>FP</div> Plasma fluoruro        | <div>Congelato</div>                                       |                                       |
|                                        |                                  | <div>Sp</div> Urina spontanea nativa | <div>Protetto dalla luce</div>                             |                                       |
|                                        |                                  |                                      | <div>Prelievo di sangue al picco (di concentrazione)</div> |                                       |

| Biologici                                                                                                                                              | Neurolettici                                                                            | Citostatici                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>S</div> <input type="checkbox"/> Adalimumab (es. Humira®) °<br>+ Anticorpi anti-Adalimumab                                                        | <div>NS</div> <input type="checkbox"/> Amisulpride (Solian®) °                          | <div>NS</div> <input type="checkbox"/> Dasatinib (Sprycel®) °                                                                            |
| <div>S</div> <input type="checkbox"/> Certolizumab (Cimzia®) °<br>+ Anticorpi anti-certolizumab<br>+ TNF-Alpha                                         | <div>NS</div> <input type="checkbox"/> Aripirazolo (Abilify®) °<br>+ Deidroaripirazolo  | <div>NS</div> <input type="checkbox"/> Imatinib (Glivec®) °<br>+ Norimatinib                                                             |
| <div>S</div> <input type="checkbox"/> Infliximab (es. Remicade®) °<br>+ Anticorpi anti-Infliximab                                                      | <div>NS</div> <input type="checkbox"/> Brexpiprazolo (Rexulti®) ° ↓                     | <div>NS</div> <input type="checkbox"/> Nilotinib (Tasigna®) °                                                                            |
| <div>S</div> <input type="checkbox"/> Ustekinumab (Stelara®) °<br>+ Anticorpi anti-Ustekinumab                                                         | <div>NS</div> <input type="checkbox"/> Cariprazina (Reagila®) °                         | <div>EP</div> <input type="checkbox"/> Tamoxifene (es. Nolvadex®) °<br>+ 4-idrossi-tamoxifene<br>+ N-desmetil-tamoxifene<br>+ Endoxifene |
| <div>S</div> <input type="checkbox"/> Vedolizumab (Entyvio®) °<br>+ Anticorpi anti-Vedolizumab                                                         | <div>NS</div> <input type="checkbox"/> Chlorprotixene (Truxal®) °                       |                                                                                                                                          |
|                                                                                                                                                        | <div>NS</div> <input type="checkbox"/> Clozapina (Leponex®) °<br>+ Desmetilclozapina    |                                                                                                                                          |
|                                                                                                                                                        | <div>NS</div> <input type="checkbox"/> Clotiapina (Entumin®) ° ↓                        |                                                                                                                                          |
|                                                                                                                                                        | <div>NS</div> <input type="checkbox"/> Flupentixolo (es. Fluaxol®) °                    |                                                                                                                                          |
|                                                                                                                                                        | <div>NS</div> <input type="checkbox"/> Aloperidolo (Haldol®) °                          |                                                                                                                                          |
| <b>Broncodilatatori</b>                                                                                                                                | <div>NS</div> <input type="checkbox"/> Levomepromazina (Nozinan®) °                     |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Teofillina (Aminophyllin®)                                                                                      | <div>NS</div> <input type="checkbox"/> Lurasidone (Latuda®) °                           |                                                                                                                                          |
| <b>Immunosoppressori</b>                                                                                                                               | <div>NS</div> <input type="checkbox"/> Olanzapina (es. Zyprexa®) ° ✖                    |                                                                                                                                          |
| <div>EV</div> <input type="checkbox"/> Ciclosporina (Sandimmun®) °                                                                                     | <div>NS</div> <input type="checkbox"/> Paliperidone (es. Invega®) °                     |                                                                                                                                          |
| <div>EV</div> <input type="checkbox"/> Everolimus (es. Certican®) °                                                                                    | <div>NS</div> <input type="checkbox"/> Pipamperone (Dipiperon®) °                       |                                                                                                                                          |
| <div>EP</div> <input type="checkbox"/> Micofenolato (es. CellCept®) ° ↓                                                                                | <div>NS</div> <input type="checkbox"/> Promazina (Prazine®) °                           |                                                                                                                                          |
| <div>EV</div> <input type="checkbox"/> Sirolimus (Rapamune®) °                                                                                         | <div>NS</div> <input type="checkbox"/> Quetiapina (es. Sequase®) °<br>+ Norquetiapina   |                                                                                                                                          |
| <div>EV</div> <input type="checkbox"/> Tacrolimus (Prograf®) °                                                                                         | <div>NS</div> <input type="checkbox"/> Risperidone (Risperdal®) °<br>+ Risperidone-9-OH |                                                                                                                                          |
| <div>HD</div> <input type="checkbox"/> Tioguaninnucleotide (es. Imurek®) °<br>+ 6-Metilmercaptopurinucleotide<br>Numero Ec (T/L): <input type="text"/> | <div>NS</div> <input type="checkbox"/> Sertindolo (Serdolect®) °                        |                                                                                                                                          |
| <div>EV</div> <input type="checkbox"/> Attività della TPMT °                                                                                           | <div>NS</div> <input type="checkbox"/> Zuclofenixolo (Clopixol®) °                      |                                                                                                                                          |
| <b>Cardiaci</b>                                                                                                                                        | <b>Farmaci per il Parkinson</b>                                                         |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Amiodarone (Cordarone®) °<br>+ Desetilamiodarone                                                                | <div>NS</div> <input type="checkbox"/> Biperidene (Akineton®) ° ↓ ✖                     |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Amlodipina °                                                                                                    | <div>EP</div> <input type="checkbox"/> Levodopa ° ↓ ✖                                   |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Digossina ↓                                                                                                     | <div>NS</div> <input type="checkbox"/> Pramipexolo (Sifrol®) °                          |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Digitossina °                                                                                                   | <b>Psicostimolanti</b>                                                                  |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Flecainide (Tambocor®) ° ✖                                                                                      | <div>NS</div> <input type="checkbox"/> Lisdexamfetamina (Elvanse®) °<br>Dexamfetamina   |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Lisinopril (es. Zestril®) °                                                                                     | <b>Tuberculostatici</b>                                                                 |                                                                                                                                          |
| <b>Miorilassanti</b>                                                                                                                                   | <div>NS</div> <input type="checkbox"/> Etambutolo (es. Myambutol®) ° ↓                  |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Tizanidina (Sirdalud®) ° ↓ ↓ ✖                                                                                  |                                                                                         |                                                                                                                                          |
| <div>NS</div> <input type="checkbox"/> Tolperisone (Mydocalm®) ° ↓                                                                                     |                                                                                         |                                                                                                                                          |

☐ Ulteriori analisi:

| Informazioni sul dosaggio                                                                                                                                                                                                                                               |                                                                                                                      |                                                            |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------|
| Via di somministrazione                                                                                                                                                                                                                                                 | Dosaggio                                                                                                             | Momento dell'ultima assunzione                             | Terapia concomitante |
| <div><input type="checkbox"/> Orale</div> <div><input type="checkbox"/> Intravenosa</div> <div><input type="checkbox"/> Intramuscolare</div> <div><input type="checkbox"/> Transdermico (cerotto)</div> <div><input type="checkbox"/> Altro, <input type="text"/></div> | Dosaggio : <input type="text"/> mg/Giorno                                                                            | Data: <input type="text"/>                                 |                      |
|                                                                                                                                                                                                                                                                         | <input type="text"/> Gocce/Giorno                                                                                    | Ora: <input type="text"/>                                  |                      |
|                                                                                                                                                                                                                                                                         | Intervallo tra le dosi: <input type="text"/> Ore                                                                     | <b>Durata della terapia</b>                                |                      |
|                                                                                                                                                                                                                                                                         | Formulazione: <div><input type="checkbox"/> A rilascio immediato</div> <div><input type="checkbox"/> Ritardato</div> | Assunzione da <input type="text"/><br>(Anni, Mesi, Giorni) |                      |