



Biomnis

**Essential clinical details  
required for all therapeutic monitoring  
(medication quantification)**

**INTERNATIONAL DIVISION**

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**PATIENT DETAILS**

First name(s): ..... Surname: .....

Gender:  F  M

Date of birth: |\_|\_| |\_|\_| |\_|\_| |\_|\_|

File reference: .....

**MEDICATION QUANTIFICATION**

Drug/molecule: .....  
.....

Dosage regimen/posology: .....  
.....

Frequency of administration: .....  
.....

**Date and time of last administration:**  
|\_|\_| |\_|\_| |\_|\_| at |\_|\_| hrs |\_|\_| min

**Date and time of sample collection:**  
|\_|\_| |\_|\_| |\_|\_| at |\_|\_| hrs |\_|\_| min

Additional information (weight / height) and clinical context: .....  
.....  
.....  
.....