Advanced Diagnostic Laboratories National Jewish Health®

Pharmacokinetics Laboratory | 800.550.6227, Option 6 phone | 303.270.2124 fax | njlabs.org

SHIP TO: National Jewish Health
Pharmacokinetics Laboratory
1400 Jackson Street, K425
Denver, CO 80206

Assays may require up to seven business days for completion. Please submit a separate requisition for each sample collection time.

1. PATIENT INFORMATION

Patient Name (Last, First) ☐ Male ☐ Female DOB __ __ / __ __ / __ __ __ __

2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

Account Name

Address

City State Zip

Billing Contact Name

Phone Fax

3. REPORT DELIVERY INFORMATION

Account Name

Address

City State Zip

Secure Fax

☐ Duplicate Report Requested

Name

Phone Secure Fax

4. SPECIMEN INFORMATION

Submitted By Phone Submitter Specimen #

Specimen Source

Required	Drug 1	Drug 2	Drug 3	Drug 4
Drug name to be tested				
Specimen (Serum, CSF, Plasma, Other)				
Drug dose (mg) (Specify: PO, IV, IM)				
# Doses per week				
Date of last dose				
Time of last dose (For IV: Start/End)				
Date blood drawn				
Time blood drawn				

5. THERAPEUTIC DRUG MONITORING

Please provide 2 mL serum per test. The number of hours after the dose to collect "peak" concentrations is shown in parentheses after each drug name, if applicable. To test for delayed drug absorption, a second sample may be collected 4 hours after the "peak". Trough concentrations (prior to next dose) are recommended for the anti-HIV and anti-fungal drugs.

☐ ABALH	Abacavir (1–2h)	☐ DARU	Darunavir (2–4h)	☐ LFLHL	Levofloxacin (2h)	☐ RBN	Rifabutin (3h)
☐ AMXLB	Amoxicillin	☐ DELV	Delavirdine (2h)	☐ LNZL	Linezolid (2h)	☐ RIFH	Rifampin (2h)
☐ AMPL	Amprenavir (2–3h)	☐ EFVL	Efavirenz (5h)	☐ LOPV	Lopinavir (4–6h)	☐ RFPTN	Rifapentine (5h)
☐ ATAZ	Atazanavir (2h)	☐ EMH	Emtricitabine (1–2h)	☐ MXFL	Moxifloxacin (2h)	☐ RTVL	Ritonavir (2–3h)
☐ AZL	Azithromycin (2–3h)	☐ EMBH	Ethambutol (2–3h)	☐ NLFL	Nelfinavir (2–3h)	☐ SAQL	Saquinavir (2–3h)
☐ CFH	Clofazamine (2–3h)	☐ ETAH	Ethionamide (2h)	☐ NEV	Nevirapine (2h)	☐ SILLH	Sildenafil (1–2h)
☐ CLART	Clarithromycin (2–3h)	☐ FLUCZ	Fluconazole (2h)	☐ OFLHL	Ofloxacin (2h)	☐ STVLH	Stavudine (1h)
☐ CMH	Capreomycin (1–2h)	☐ INDL	Indinavir (1–2h)	☐ PASH	P-Aminosalicylic Acid (6h)	☐ SMH	Streptomycin (1–2h)
☐ CIPH	Ciprofloxacin (2h)	☐ INH	Isoniazid (1–2h)	☐ POSA	Posaconazole (3–6h)	☐ TIPV	Tipranavir (3h)
☐ CORTH	Cortisol (prednisolone)	☐ ITRL	Itraconazole (3–4h)	☐ PZAH	Pyrazinamide (2h)	☐ VDMSCB	25-OH Vitamin D_2 and D_3
☐ CSH	CycloSERINE (2–3h)	☐ LAMLH	Lamivudine (1h)	☐ RALLH	Raltegravir (3h)	☐ VORZ	Voriconazole (2h)

6. SPECIAL INSTRUCTIONS

Please list additional medications patient is currently taking here.

Sample preparation and shipment: Collect in a plain red top, 8-10 ml tube. Separate serum from cells immediately by centrifugation and aliquot into a labeled polypropylene or similar plastic tube. Use a separate tube for each test ordered. Allow room for expansion of sample inside tube. Freeze at -70°C if possible (otherwise -20°C.) Ship on ≥ 3 lbs. dry ice via overnight transport. **SHIP SAMPLES TO BE RECEIVED MONDAY THROUGH FRIDAY. DO NOT SHIP ON FRIDAY OR SATURDAY.**

INTERNAL USE

Received By Date Time Condition: ☐ Frz ☐ Ref ☐ Thawed