

Patient Last, First Name, M.I. (Required)			<input type="checkbox"/> Male <input type="checkbox"/> Female	Mail results to: (Required)
Date of birth	Patient ID	Diagnosis (ICD-9) code		
Referring physician and specialty		Physician NPI #	Physician phone #	
Secure fax # for lab results		Facility phone #		

****COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS****

Please Bill: <input type="checkbox"/> Medicare <input type="checkbox"/> Colorado Medicaid <input type="checkbox"/> Patient (Pre-Pay) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Name on Card _____ Credit Card # _____ Exp. Date _____ CVV Code _____	Responsible Party (Last, First,):	Medicare (HIC) #
	Street Address:	Colorado Medicaid ID #
	City State Zip	Social Security #
	Telephone #	Patient bills must be prepaid or accompany specimen

(Please submit a separate requisition for each sample collection time) **Most assays require 4-7 days to complete.**

Specimen source (circle one): serum cerebrospinal fluid other: _____

REQUIRED	Drug 1	Drug 2	Drug 3	Drug 4
Drug name to be Assayed				
ICD-9 Code				
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				

The number of hours after the dose to collect "peak" concentrations is shown in parentheses after each drug name below. 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.

Drugs(s) to be assayed (*provide 2 ml serum per test*)

AMPL	Amprenavir (2-3 H & trough)	EFVL	Efavirenz (5 H-trough)	MXFL	Moxifloxacin (2 H)	RTVL	Ritonavir (2-3 H & trough)
ATAZ	Atazanavir (2 H & trough)	EMBH	Ethambutol (2-3 H)	NLFL	Nelfinavir (2-3 H & trough)	SAQL	Saquinavir (2-3 H & trough)
AZL	Azithromycin (2-3 H)	ETAH	Ethionamide (2 H)	NEV	Nevirapine (2 H & trough)	SMH	Streptomycin (2 H)
CMH	Capreomycin (2 H)	FLUCZ	Fluconazole (2 H)	OFLHL	Ofloxacin (2 H)	TIPV	Tipranavir (3 H)
CIPH	Ciprofloxacin (2 H)	INDL	Indinavir (1-2 H & trough)	PASH	p-Aminosalicylic acid (6 H)	VORZ	Voriconazole (2H & trough)
CLART	Clarithromycin (2-3 H)	INH	Isoniazid (1-2 H)	POSA	Posaconazole (3-6 H)		
CFH	Clofazimine (2-3 H)	ITRL	Itraconazole (3-4 H)	PZAH	Pyrazinamide (2 H)		
CSH	Cycloserine (2-3 H)	LFLHL	Levofloxacin (2 H)	RBN	Rifabutin (3 H)		
DARU	Darunavir (2-4 H)	LNZL	Linezolid (2 H & trough)	RIFH	Rifampin (2 H)		
DELV	Delavirdine (2 H & trough)	LOPV	Lopinavir (4-6 H & trough)	RFPTN	Rifapentine (5 H)		

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 Monday through Thursday to the address listed above.

List other medications patient is currently taking: _____

For NJC Use Only		
Date Received:	_____	
Time Received:	_____	
Condition: (circle one)		
Frozen	Partially Frozen	Thawed