



Form with fields: Patient Last, First Name, M.I. (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 #. Includes checkboxes for Male/Female and Mail results to: (Required).

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

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

\*\*Assays may require up to seven (7) business days for completion\*\* (Please submit a separate requisition for each sample collection time)

Specimen source (circle one): serum cerebrospinal fluid other: \_\_\_\_\_

Table with 5 columns: REQUIRED, Drug 1, Drug 2, Drug 3, Drug 4. Rows include: 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.

Therapeutic Drug Monitoring available for the following medications (provide 2 mL serum per test)

Table listing medications and their monitoring parameters. Columns include: Code, Drug Name, Dose/Frequency, Code, Drug Name, Dose/Frequency, Code, Drug Name, Dose/Frequency, Code, Drug Name, Dose/Frequency.

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.

List other medications patient is currently taking: \_\_\_\_\_

For NJC Use Only
Date Received: \_\_\_\_\_
Time Received: \_\_\_\_\_
Condition: (circle one)

Memo to: NameHere

November 10, 2009

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Frozen	Partially Frozen	Thawed
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