

Advanced Diagnostic Laboratories National Jewish Health®

Pharmacokinetics Laboratory | 800.550.6227 | 303.270.2175 fax | njlabs.org

Pharmacokinetics Diagnostics Requisition

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.

3. REPORT DELIVERY INFORMATION

| | | | | | |
|----------------------|------------|------------|---|---|-----|
| Account Name | | City | | State | Zip |
| Address | | Secure Fax | | <input type="checkbox"/> Duplicate Report Requested | |
| Account Name | City | State | Zip | | |
| Address | Secure Fax | | | | |
| City | State | Zip | <input type="checkbox"/> Duplicate Report Requested | | |
| Billing Contact Name | Name | | | | |
| Phone | Fax | 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.

| | | | | | | | |
|--------------------------------|------------------------------|--------------------------------|----------------------|--------------------------------|--------------------------------|--------------------------------|---------------------|
| <input type="checkbox"/> PKABC | Abacavir (1-2h) | <input type="checkbox"/> PKDRV | Darunavir (2-4h) | <input type="checkbox"/> PKLZD | Linezolid (2h) | <input type="checkbox"/> PKRAL | Raltegravir (3h) |
| <input type="checkbox"/> PKAMX | Amoxicillin | <input type="checkbox"/> PKDLV | Delavirdine (2h) | <input type="checkbox"/> PKLPV | Lopinavir (4-6h) | <input type="checkbox"/> PKRFB | Rifabutin (3h) |
| <input type="checkbox"/> PKAPV | Amprenavir (2-3h) | <input type="checkbox"/> PKEFV | Efavirenz (5h) | <input type="checkbox"/> PKMPK | 12 hr Methylprednisolone Study | <input type="checkbox"/> PKRIF | Rifampin (2h) |
| <input type="checkbox"/> PKATV | Atazanavir (2h) | <input type="checkbox"/> PKFTC | Emtricitabine (1-2h) | <input type="checkbox"/> PKMXF | Moxifloxacin (2h) | <input type="checkbox"/> PKRFP | Rifapentine (5h) |
| <input type="checkbox"/> PKAZM | Azithromycin (2-3h) | <input type="checkbox"/> PKEMB | Ethambutol (2-3h) | <input type="checkbox"/> PKNFV | Nelfinavir (2-3h) | <input type="checkbox"/> PKRTV | Ritonavir (2-3h) |
| <input type="checkbox"/> PKCFZ | Clofazamine (2-3h) | <input type="checkbox"/> PKETA | Ethionamide (2h) | <input type="checkbox"/> PKNVP | Nevirapine (2h) | <input type="checkbox"/> PKSQV | Saquinavir (2-3h) |
| <input type="checkbox"/> PKCLR | Clarithromycin (2-3h) | <input type="checkbox"/> PKFLC | Fluconazole (2h) | <input type="checkbox"/> PKOFX | Ofloxacin (2h) | <input type="checkbox"/> PKSIL | Sildenafil (1-2h) |
| <input type="checkbox"/> PKCM | Capreomycin (1-2h) | <input type="checkbox"/> PKIDV | Indinavir (1-2h) | <input type="checkbox"/> PKPAS | P-Aminosalicic Acid (6h) | <input type="checkbox"/> PKD4T | Stavudine (1h) |
| <input type="checkbox"/> PKCIP | Ciprofloxacin (2h) | <input type="checkbox"/> PKINH | Isoniazid (1-2h) | <input type="checkbox"/> PKPOS | Posaconazole (3-6h) | <input type="checkbox"/> PKSM | Streptomycin (1-2h) |
| <input type="checkbox"/> PKCRT | Cortisol (random) | <input type="checkbox"/> PKITC | Itraconazole (3-4h) | <input type="checkbox"/> PKCPX | 12 hr Prednisolone Study | <input type="checkbox"/> PKTPV | Tipranavir (3h) |
| <input type="checkbox"/> PKSTM | Cortisol Adrenal Stimulation | <input type="checkbox"/> PK3TC | Lamivudine (1h) | <input type="checkbox"/> PKPKD | 6 hr Prednisolone Study | <input type="checkbox"/> PKVRC | Voriconazole (2h) |
| <input type="checkbox"/> PKCSH | CycloSERINE (2-3h) | <input type="checkbox"/> PKLVX | Levofloxacin (2h) | <input type="checkbox"/> PKPZA | Pyrazinamide (2h) | | |

6. SPECIAL INSTRUCTIONS

Please list additional medications patient is currently taking:

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: Frozen Ref Thawed