

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)		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		___ / ___ / _____		
2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY		3. REPORT DELIVERY INFORMATION		
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		
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"/> PKAMX	Amoxicillin	<input type="checkbox"/> PKEMB	Ethambutol (2-3h)	<input type="checkbox"/> PKCPX   12 hr Prednisolone Study
<input type="checkbox"/> PKAZM	Azithromycin (2-3h)	<input type="checkbox"/> PKETA	Ethionamide (2h)	<input type="checkbox"/> PKPDK   6 hour Prednisolone Study
<input type="checkbox"/> PKCFZ	Clofazamine (2-3h)	<input type="checkbox"/> PKINH	Isoniazid (1-2h)	<input type="checkbox"/> PKPZA   Pyrazinamide (2h)
<input type="checkbox"/> PKCLR	Clarithromycin (2-3h)	<input type="checkbox"/> PKITC	Ititraconazole (3-4h)	<input type="checkbox"/> PKRFB   Rifabutin (3h)
<input type="checkbox"/> PKCRT	Cortisol (random)	<input type="checkbox"/> PKLVX	Levofloxacin (2h)	<input type="checkbox"/> PKRIF   Rifampin (2h)
<input type="checkbox"/> PKSTM	Cortisol Adrenal Stimulation	<input type="checkbox"/> PKLZD	Linezolid (2h)	<input type="checkbox"/> PKSM   Streptomycin (1-2h)
<input type="checkbox"/> PKCSH	CycloSERINE (2-3h)	<input type="checkbox"/> PKMPK	12 hr Methylprednisolone Study	
<input type="checkbox"/> PKDRV	Darunavir (2-4h)	<input type="checkbox"/> PKMXF	Moxifloxacin (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: <input type="checkbox"/> Frz <input type="checkbox"/> Ref <input type="checkbox"/> Thawed