

# 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)				<input type="checkbox"/> Male <input type="checkbox"/> Female		DOB____/____/____	
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.				Client ID			
				Account Name			
Client ID				Address			
Account Name				City		State Zip	
Address				Phone		Secure Fax	
City		State Zip		<input type="checkbox"/> Duplicate Report Request Attn:			
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-Aminosalicilic 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. Allow to clot for 30 minutes, 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"/> Frozen: <input type="checkbox"/> Ref <input type="checkbox"/> Thawed	