

Advanced Diagnostic Laboratories National Jewish Health®

Pharmacokinetics Laboratory | 800.550.6227 phone | 303.270.2175 fax | njlabs.org

SHIP TO: National Jewish Health
Pharmacokinetics Laboratory
1400 Jackson Street, K425
Denver, CO 80206

Assays may require up to ten 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 <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown					
Address			City	State	Zip
Phone		Ethnicity		Race	
2. BILLING INFORMATION			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.			<input type="checkbox"/> Same as Billing Address		
Client ID			Client ID		
Client Name			Client Name		
Address			Address		
City		State	Zip	City	
Phone		Secure Fax:		Secure Fax:	
Secure Fax			<input type="checkbox"/> Duplicate Report Requested		Attn:
Secure 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"/> PKDRV	Darunavir (2-4h)	<input type="checkbox"/> PKMXF	Moxifloxacin (2h)
<input type="checkbox"/> PKAZM	Azithromycin (2-3h)	<input type="checkbox"/> PKEMB	Ethambutol (2-3h)	<input type="checkbox"/> PKCPX	12 hr Prednisolone Study
<input type="checkbox"/> PKCFZ	Clofazamine (2-3h)	<input type="checkbox"/> PKETA	Ethionamide (2h)	<input type="checkbox"/> PKPDK	6 hr Prednisolone
<input type="checkbox"/> PKCLR	Clarithromycin (2-3h)	<input type="checkbox"/> PKINH	Isoniazid (1-2h)	<input type="checkbox"/> PKPZA	Pyrazinamide (2h)
<input type="checkbox"/> PKCRT	Cortisol (random)	<input type="checkbox"/> PKLVX	Levofloxacin (2h)	<input type="checkbox"/> PKRFB	Rifabutin (3h)
<input type="checkbox"/> PKSTM	Cortisol Adrenal Stimulation	<input type="checkbox"/> PKLZD	Linezolid (2h)	<input type="checkbox"/> PKRIF	Rifampin (2h)
<input type="checkbox"/> PKCSH	Cycloserine (2-3h)	<input type="checkbox"/> PKMPK	12 hr Methylprednisolone Study	<input type="checkbox"/> PKSM	Streptomycin (1-2h)
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
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