



**Department of Laboratories**  
4800 Sand Point Way NE, M/S: FB.2.441, Seattle, WA 98105

LEGAL PATIENT NAME OR EPIC LABEL			
DATE OF BIRTH	MRN	LEGAL SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE GENDER IDENTITY:	ORDERING PROVIDER

**PHYSICIAN NOTIFICATION:** ICD-10 diagnosis codes must be provided for each test ordered. Medical necessity and physician orders must be documented in the patient's medical record. Only tests that you believe are appropriate for patient care should be ordered. Medicare (and other Federally funded health care programs) will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

### BILL PATIENT/INSURANCE

DATE COLLECTED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

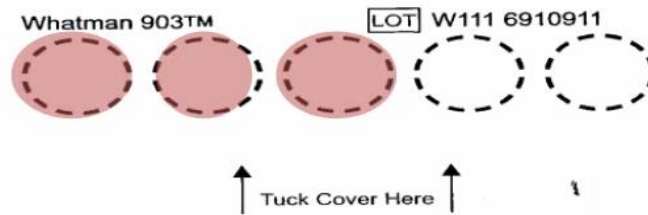
TIME COLLECTED: \_\_\_\_\_ AM / PM

#### Immunosuppressant Testing

- CYCLOSPORINE LEVEL, DRIED BLOOD SPOT (LAB2965)
- EVEROLIMUS LEVEL, DRIED BLOOD SPOT (LAB3013)
- SIROLIMUS LEVEL, DRIED BLOOD SPOT (LAB3455)
- TACROLIMUS LEVEL, DRIED BLOOD SPOT (LAB3486)

**INSTRUCTIONS:** Draw 30 minutes to 1 hour before next dose. Note date and time of collection on requisition. Collect 3 full circles on dried blood spot collection card (see below), allow to air dry for 3 hours, and submit (or mail) to Seattle Children's Laboratory.

**EXAMPLE:**



Name \_\_\_\_\_

Date \_\_\_\_\_