

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  
Address

Account Name City State Zip

Address Secure Fax

City State Zip  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"/> PKRBN	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