

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.				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"/> ABALH	Abacavir (1–2h)	<input type="checkbox"/> DARU	Darunavir (2–4h)	<input type="checkbox"/> LFLHL	Levofloxacin (2h)	<input type="checkbox"/> RBN	Rifabutin (3h)
<input type="checkbox"/> AMXLB	Amoxicillin	<input type="checkbox"/> DELV	Delavirdine (2h)	<input type="checkbox"/> LNZN	Linezolid (2h)	<input type="checkbox"/> RIFH	Rifampin (2h)
<input type="checkbox"/> AMPL	Amprenavir (2–3h)	<input type="checkbox"/> EFVL	Efavirenz (5h)	<input type="checkbox"/> LOPV	Lopinavir (4–6h)	<input type="checkbox"/> RFPTN	Rifapentine (5h)
<input type="checkbox"/> ATAZ	Atazanavir (2h)	<input type="checkbox"/> EMH	Emtricitabine (1–2h)	<input type="checkbox"/> MXFL	Moxifloxacin (2h)	<input type="checkbox"/> RTVL	Ritonavir (2–3h)
<input type="checkbox"/> AZL	Azithromycin (2–3h)	<input type="checkbox"/> EMBH	Ethambutol (2–3h)	<input type="checkbox"/> NLFH	Nelfinavir (2–3h)	<input type="checkbox"/> SAQL	Saquinavir (2–3h)
<input type="checkbox"/> CFH	Clofazamine (2–3h)	<input type="checkbox"/> ETAH	Ethionamide (2h)	<input type="checkbox"/> NEV	Nevirapine (2h)	<input type="checkbox"/> SILLH	Sildenafil (1–2h)
<input type="checkbox"/> CLART	Clarithromycin (2–3h)	<input type="checkbox"/> FLUCZ	Fluconazole (2h)	<input type="checkbox"/> OFLHL	Ofloxacin (2h)	<input type="checkbox"/> STVLH	Stavudine (1h)
<input type="checkbox"/> CMH	Capreomycin (1–2h)	<input type="checkbox"/> INDL	Indinavir (1–2h)	<input type="checkbox"/> PASH	P-Aminosalicylic Acid (6h)	<input type="checkbox"/> SMH	Streptomycin (1–2h)
<input type="checkbox"/> CIPH	Ciprofloxacin (2h)	<input type="checkbox"/> INH	Isoniazid (1–2h)	<input type="checkbox"/> POSA	Posaconazole (3–6h)	<input type="checkbox"/> TIPV	Tipranavir (3h)
<input type="checkbox"/> CORTH	Cortisol (prednisolone)	<input type="checkbox"/> ITRL	Itraconazole (3–4h)	<input type="checkbox"/> PZAH	Pyrazinamide (2h)	<input type="checkbox"/> VORZ	Voriconazole (2h)
<input type="checkbox"/> CSH	CycloSERINE (2–3h)	<input type="checkbox"/> LAMLH	Lamivudine (1h)	<input type="checkbox"/> RALLH	Raltegravir (3h)		
6. SPECIAL INSTRUCTIONS							
Please list additional medications patient is currently taking here.							
<b>Sample preparation and shipment:</b> 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. <b>SHIP SAMPLES TO BE RECEIVED MONDAY THROUGH FRIDAY. DO NOT SHIP ON FRIDAY OR SATURDAY.</b>							
INTERNAL USE							
Received By		Date		Time		Condition: <input type="checkbox"/> Frz <input type="checkbox"/> Ref <input type="checkbox"/> Thawed	