

INFECTIOUS DISEASE PHARMACOKINETICS LABORATORY

Patient Last, First Name, M.I. (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Mail results to: (Required)
Date of Birth:	Patient ID:	Diagnosis (ICD-9) Code:	
Referring Physician:	Physician NPI #	Physician Phone #	
Fax: (<input type="checkbox"/> Fax Results)	Facility Phone #		

COMPLETE SECTION BELOW ONLY IF BILLING INFORMATION DIFFERS FROM "MAIL RESULTS TO" INFORMATION

Please Bill: <input type="checkbox"/> Medicare <input type="checkbox"/> Colo. Medicaid <input type="checkbox"/> Patient (Pre-Pay) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (CC) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other Name on CC: _____ Credit Card# _____ Exp. Date _____ CVV# _____	Name of Responsible Party (Last, First, M.I.):	Medicare (HIC) #
	Street Address:	Medicaid ID #
	City State Zip	Social Security #
	Telephone #	Patient Bills must be prepaid or accompany specimen

(Please submit a separate requisition for each sample collection time) **Most assays require 4-7 days to complete.**

Specimen source (circle one): serum cerebrospinal fluid other: _____

REQUIRED	Drug 1	Drug 2	Drug 3	Drug 4
Drug name to be Assayed				
ICD-9 Code				
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				

The number of hours after the dose to collect "peak" concentrations is shown in parentheses after each drug name below. 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.

Drugs(s) to be assayed (*provide 2 ml serum per test*)

AMPL	Amprenavir (2-3 H & trough)	EFVL	Efavirenz (5 H-trough)	LOPV	Lopinavir (4-6 H & trough)	RFPTN	Rifapentine (5 H)
ATAZ	Atazanavir (2 H & trough)	EMBH	Ethambutol (2-3 H)	MXFL	Moxifloxacin (2 H)	RTVL	Ritonavir (2-3 H & trough)
AZL	Azithromycin (2-3 H)	ETAH	Ethionamide (2 H)	NLFL	Nelfinavir (2-3 H & trough)	SAQL	Saquinavir (2-3 H & trough)
CMH	Capreomycin (2 H)	FLUCZ	Fluconazole (2 H)	NEV	Nevirapine (2 H & trough)	SMH	Streptomycin (2 H)
CIPH	Ciprofloxacin (2 H)	GTFHL	Gatifloxacin (2 H)	OFLHL	Ofloxacin (2 H)	TIPV	Tipranavir (3 H)
CLART	Clarithromycin (2-3 H)	INDL	Indinavir (1-2 H & trough)	PASH	p-Aminosalicylic acid (6 H)	VORL	Voriconazole (2H & trough)
CFH	Clofazimine (2-3 H)	INH	Isoniazid (1-2 H)	POSA	Posaconazole (3-6 H)		
CSH	Cycloserine (2-3 H)	ITRL	Itraconazole (3-4 H)	PZAH	Pyrazinamide (2 H)		
DARU	Darunavir (2-4 H)	LFLHL	Levofloxacin (2 H)	RBN	Rifabutin (3 H)		
DELV	Delavirdine (2 H & trough)	LNZL	Linezolid (2 H & trough)	RIFH	Rifampin (2 H)		

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.

List other medications patient is currently taking: _____

For NJC Use Only		
Date Received:	_____	
Time Received:	_____	
Condition: (circle one)		
Frozen	Partially Frozen	Thawed