

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 ____ / ____ / ____	
☐ Male ☐ Female ☐ Neutral/Other ☐ 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.			☐ Same as Billing Address		
			Client ID		
Client ID			Client Name		
Client Name			Address		
Address		City		State	Zip
City	State	Zip	Phone		Secure Fax:
Phone		☐ 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.					
☐ PKALX	Alyftrek	☐ PKDRV	Darunavir (2-4h)	☐ PKCPX	12 hr Prednisolone Study
☐ PKAMX	Amoxicillin	☐ PKEMB	Ethambutol (2-3h)	☐ PKPDK	6 hr Prednisolone
☐ PKAZM	Azithromycin (2-3h)	☐ PKETA	Ethionamide (2h)	☐ PKPZA	Pyrazinamide (2h)
☐ PKCFZ	Clofazamine (2-3h)	☐ PKINH	Isoniazid (1-2h)	☐ PKRFB	Rifabutin (3h)
☐ PKCLR	Clarithromycin (2-3h)	☐ PKLVX	Levofloxacin (2h)	☐ PKRIF	Rifampin (2h)
☐ PKCRT	Cortisol (random)	☐ PKLZD	Linezolid (2h)	☐ PKSM	Streptomycin (1-2h)
☐ PKSTM	Cortisol Adrenal Stimulation	☐ PKMPK	12 hr Methylprednisolone Study	☐ PKTRX	Trikafta
☐ PKCSH	Cycloserine (2-3h)	☐ PKMXF	Moxifloxacin (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: ☐ Frz ☐ Ref ☐ Thawed	