

SERUM POSACONAZOLE REQUISITION

Columbia University Irving Medical Center

Clinical Pharmacology and Toxicology Laboratory
630 West 168th Street, VP&S 11-401B
New York, NY 10032

Director: Alex Lyashchenko, MD, PhD
PFI: 8006
Phone number: 212-305-0045

PLEASE TYPE/PRINT

Patient Name (Last Name, First Name): _____

Patient Date of Birth (MM-DD-YYYY): _____

Patient Gender: _____

Sample Collection Date and Time: _____

Hospital/Institution Name: _____

Healthcare Provider Name: _____

Healthcare Provider Signature: _____

Healthcare Provider E-mail or Fax: _____
(Required for results reporting)

For Laboratory Use Only:

Date and time specimen receipt: _____

Accession number: _____