

# Columbia University Irving Medical Center

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

Director: Serge Cremers, PharmD, PhD  
PFI: 8006  
Phone number: 212-305-0045

## Requisition form Etonogestrel in SERUM

In order for your health care provider to have your etonogestrel level checked they will need to send a sample of your serum to The Trustees of Columbia University in the City of New York, at the Columbia University Irving Medical Center ("CUIMC"). CUIMC has been retained by Organon & Co., formerly Merck Sharp & Dohme Corp. operating as Merck and MSD, the manufacturer of Nexplanon® (etonogestrel implant) ("Manufacturer"), to conduct this test. CUIMC will use the sample and information you provide to inform your health care provider of your etonogestrel level. After the test is performed, your sample will be destroyed.

Manufacturer and CUIMC have taken steps to ensure that your personal information will be protected and only used for the purpose of checking your etonogestrel level. Only your initials and date of birth, the date of collection, the institution sending the serum, the country of origin, and the results of the serum test will be shared with Manufacturer.

Please check this box if you understand and consent to sending your serum sample to CUIMC for this test.

Please check this box if you understand and consent to Manufacturer receiving the Personal Information outlined above, which includes the results of the serum test.

**Patient Initials:** \_\_\_\_\_

**Patient DOB:**                      **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

**Health Care Provider/Physician:**    **Name** \_\_\_\_\_

**Health Care Provider/Physician:**    **E-mail or Fax** \_\_\_\_\_  
(Required for results reporting)

**Health Care Provider Signature:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Sample Collection Date and Time:**    **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM/PM** (circle)

**Shipping Date:** \_\_\_\_\_

**Organon Clinical Liaison:** \_\_\_\_\_