WHOLE BLOOD EVEROLIMUS 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

DI EACE TYPE/DDINT	
PLEASE TYPE/PRINT	
Potiont Name (Lost Name First Name):	
Patient Name (Last Name, First Name):	
Botiont Data of Birth (MM DD VVVV)	
Patient Date of Birth (MM-DD-YYYY):	•
Patient Gender:	
Patient Gender:	•
Commis Collection Date and Time.	
Sample Collection Date and Time:	•
Heavital/heatitation Nomes	
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:	

Created: 04/03/2018 Revised: 02/18/2022