

Therapeutic Drug Monitoring – Maryland State Laboratory Assistance Request

Patient Name			
Patient DOB			
Submitting Health Department			
Contact Person			
Contact Phone Number			
FAX Number			

Drugs to be tested

--	--	--	--	--

Estimated Date of Collection	
Estimated Time of Delivery	

Please fax this form to the State laboratory at (443) 681-4506 at least 5 business days prior to submitting blood specimens.

For State laboratory Use Only

Date received	
Comments	