



Infliximab Level Order

Requesting gastroenterologist and pediatrician **must** submit a completed form with the General Laboratory Requisition or an e-Clinician Requisition

Patient Last Name	Patient First Name	ULI #
Collection Date <i>(dd-Mon-yyyy)</i>	Collection time <i>(24 hr)</i>	

Clinical indication must be provided to ensure proper therapeutic range is used.

Clinical Indication(s) for Testing <input type="checkbox"/> Loss of response <input type="checkbox"/> Adverse side effect <input type="checkbox"/> Therapeutic drug monitoring - steady state trough <input type="checkbox"/> Therapeutic drug monitoring - induction trough <input type="checkbox"/> Infant exposed in Utero	
Gastroenterologist Last Name	Gastroenterologist First Name
Pediatrician Last Name	Pediatrician First Name
CC Provider ID	CC Submitter ID

Attach completed form to completed laboratory requisition