



Centre universitaire de santé McGill  
McGill University Health Centre

## Québec Antiretroviral Therapeutic Drug Monitoring Program

### REQUISITION ORDER FORM

| <u>Description</u> | <u>Quantity (min. 10)</u> |
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Data collection form – English

\_\_\_\_\_

Data collection form – French

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Name : \_\_\_\_\_

Telephone : \_\_\_\_\_

#### Complete mailing address

Clinic / Hospital : \_\_\_\_\_

Department : \_\_\_\_\_

#, Street : \_\_\_\_\_ Room # : \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Country : \_\_\_\_\_

**Please return this order form by fax, at (514) 843-2828.**