

IV BUSULFEX PHARMACOKINETICS REQUISITION

Please provide the following information below.

Patient Name _____	Institution _____
Medical Record # _____	Required by C.A.P. Must also be on sample labels.
Actual weight _____	Date of Birth _____
AIBW (wt used for determining dose) _____	Disease _____
Height _____	

Dose number _____ of _____ (Total BU Therapy Doses)
Dose (mg) _____
Date _____
Target range _____
Units (circle one) AUC (uMol*min) Css (ng/mL)

Signature of M.D. or Designee _____
Attending Physician (printed name) _____
Beeper Number _____
Fax Number(s) _____

Q 6 IV Busulfex

Infusion **start time**: _____

Infusion **stop time**: _____

	Dose #1 ACTUAL (clock) draw time	Follow Up Doses
Pre infusion	n/a	
*END OF INFUSION		
135 minutes		
150 minutes		
3 hours		n/a
4 hours		
5 hours		n/a
6 hours		

NOTE: All draw times are post START OF INFUSION based on a 2 hour (120 minute) infusion.

Q 24 IV Busulfex

Infusion **start time**: _____

Infusion **stop time**: _____

	Dose #1 ACTUAL (clock) draw time	Follow Up Doses
Pre infusion	n/a	
END OF INFUSION		
EOI + 15 min		
4 hr from start		
5 hr from start		
6 hr from start		
8 hr from start		

NOTE: All draw times are post START OF INFUSION.

***Modification to Q6 draw schedule:** Always draw the first sample at the end of infusion regardless of the duration of the infusion. Draw the next 2 samples 15 minutes apart AFTER the end of infusion sample. Continue the normal draw schedule, i.e. 3, 4, 5, and 6 hours post START of infusion. Always note the actual draw times.

***Be sure all of the drug has been delivered and the lines have been thoroughly flushed of Busulfan before drawing the end of infusion (EOI) sample.**

Draw 1-3 mL blood in green top (sodium heparin) tubes. Keep on ice at all times. Centrifuge at 4°C. Remove and freeze plasma in a plastic tube labeled with: patient name, Medical Record #, date and time of draw. Please tape labels on. Send plasma with 5 kg of dry ice priority overnight to the address below.

**SHIP TO: Pharmacokinetics Laboratory
Seattle Cancer Care Alliance
825 Eastlake Ave. E. Room G7-405
Seattle, WA 98109-1023**

**PLEASE CALL AT LEAST 48 HOURS PRIOR TO SAMPLE SHIPPING.
Tracking Numbers REQUIRED.**

Questions? Call Matthew Pawlikowski or Louie Yu at (206) 288-7389, (206) 994-5942 (beeper),
or via email: PKLab@seattlecca.org