ORAL BUSULFAN PHARMACOKINETICS REQUISITION

PATIENT INFORMATION	
Patient Name:	Full Institution Name:
Medical Record #:	Date of Birth:
	Genetic Sex (check one): Male / Female
Actual Weight (kg):	
Dosing Weight (kg):	Diagnosis and ICD-10:
Height (cm):	Study/Protocol ID:
DOSE INFORMATION	CONTACT INFORMATION
Date of Dose:	Signature of MD or designee:
Dose Given (mg):	Attending MD (print name):
Busulfan Manufacturer/Lot Number	Results are usually available between 13:00 and 16:00 Pacific Time the day following
(if generic busulfan):	sample collection and shipment. Verbal report recipient must be an MD or a PharmD. Verbal report recipient:
Dose Number:	Verbal report recipient
	contact number:
Total # of Regimen Doses:	Email address(es)/Fax number(s):
Desired Target Range: (AUC) (AUC) (Css)	
Target Units (circle one): (AUC) (AUC) (Css) μΜοΙ*min / mg*h/L / ng/mL	
ALL INFORMATION MUST BE	FILLED OUT PRIOR TO SHIPPING.
	OR REPORTED WITHOUT COMPLETE INFORMATION.
ORAL Busulfan Dose 1	ORAL Busulfan Follow-up Doses
Time of Dose:	Time of Dose:
Emesis? Yes No Redose? Yes No Redose Amount: mg	Emesis? Yes No Redose? Yes No Redose Amount: mg
ACTUAL Sample Collection Clock Times Initials	ACTUAL Sample Collection Clock Times Initials
30 minutes	Pre-dose
60 minutes	30 minutes
90 minutes	60 minutes
2 hours	2 hours
3 hours	4 hours
4 hours	6 hours
5 hours	
6 hours	
	n). Keep refrigerated or on ice at all times. Centrifuge at 4°C. Remove and freeze Date and Time of Draw. Please tape labels on. Send plasma with 5 kg of dry ice
FIRST OVERNIGHT to the address below. Accurate blood of	lraw and infusion start/stop times are critical to busulfan PK analysis.
DRUG INTERACTIONS: Please indicate which (if any) of the following	- Trease marcate any other drug, treatment the patient has taken or win
drugs the patient has taken within the past 30 days: Deferasirox, Metronidazole, Itraconazole, Isavuconazole, Voriconazole,	take as part of their current conditioning regimen:
Posaconazole, Azithromycin, TKIs, Acetaminophen, Ivosidenib, Enasideni	b Cyclophosphamide Thiotepa Etoposide
Drug(s):	Fludarabine ATG TBI
Date of last dose:	Melphalan Other:

Please fax or scan and email a completed copy of this requisition form and shipment tracking number to PKLab@fredhutch.org prior to shipping samples, and include a hard copy with the samples. Ship samples frozen with a minimum of 5kg dry ice.

SHIP TO:

Pharmacokinetics Laboratory Fred Hutchinson Cancer Center 188 E. Blaine St. Suite 250 Seattle, WA 98102