

Busulfan Testing Web Order Form

This form notifies the PK Lab to prepare for the patient's sample arrival. **Please complete and submit this form a minimum of 48 hours prior to sample arrival.** Submit the form via email at PKLab@fredhutch.org or fax at (206) 606-7397. Any questions or specific circumstances? Contact the PK Lab at (206) 606-7389 for assistance.

Today's Date:

Institution:

Busulfan Start Date:

Sample Arrival Date:

Follow-Up Arrival:

Patient Information:

Patient Name (Last):

Patient Name (First):

MRN:

Genetic Sex:

Date of Birth (MM/DD/YY):

Diagnosis:

ICD-10 Code:

Dosing Regimen:

Number of Regimen Doses:

Target Range:

Target Units:

Is this a Test Dose?

Include the Test Dose in the overall exposure calculation?

Study/Protocol:

Conditioning Regimen:

Additional Notes:

Contact Information:

Your Name:

Attending Physician:

Phone/Pager:

Phone/Pager:

Your Email:

Attending's Email:

Sendout Information:

Sendout Contact:

Sendout Phone/Email:

Courier Service:

Tracking Number:

Samples **MUST** be sent with a minimum of **3 to 5 kg** of dry ice. Ensure the package labeling meets transportation regulation requirements. If the package is arriving on a Saturday, ensure that the "Saturday Delivery" option is selected.

This form **DOES NOT** replace the **Busulfan Requisition** Sheet. Please complete the requisition sheet in its entirety, including having the attending physician or designee sign it. Fax or email a copy of the completed requisition to the PK Lab and send the original along with the specimens.

For Internal PK Lab Use:

Registered in LIMS

Folders and Files

RFN

PK

PK

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