

INFECTIOUS DISEASE PHARMACOKINETICS LABORATORY

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Patient Last, First Name, M.I. (Required)			<input type="checkbox"/> Male	Mail results to: (Required)
			<input type="checkbox"/> Female	
Date of Birth:	Patient ID:			
Referring Physician:	Physician NPI #	Physician Phone #		
Fax #	Facility Phone #			
COMPLETE SECTION BELOW ONLY IF BILLING INFORMATION DIFFERS FROM "MAIL RESULTS TO" INFORMATION Please note: We do not bill 3rd party payers. The laboratory or office shipping the samples accepts responsibility for payment.				
Bill to / Contact Name:				
Billing Address:				
City	State	Zip		
Telephone #				

(Please submit a separate requisition for each sample collection time) All results are reported within 7 days of receiving specimen.

Specimen source (circle one): serum cerebrospinal fluid other: _____

REQUIRED	Drug 1	Drug 2	Drug 3	Drug 4
Drug name to be Assayed				
ICD-9 Code				
Drug Dose (mg) (Specify: PO, IV, IM)				
# Doses per week				
Date of last dose				
Time of last dose (For IV: Start/End)				
Date blood drawn				
Time blood drawn				

The number of hours after the dose to collect concentrations are shown in parentheses after each drug name below. To test for delayed drug absorption, a second sample should be collected 4 hours after the "peak". **Trough concentrations (prior to next dose) are recommended for the anti-HIV and anti-fungal drugs.**

Drug(s) to be assayed (provide 0.5 ml serum per test)

ATAZ	Atazanavir (trough & 2 H)	EMBH	Ethambutol (2-3 H & 6-7 H)	PZAH	Pyrazinamide (2 H & 6 H)	β-Lactams (intravenous doses) (30-60 min. post infusion & trough)	
AZL	Azithromycin (2-3 H & 6-7 H)	ETAH	Ethionamide (2 H & 6 H)	RBN	Rifabutin (3 H & 7 H)		
CMH	Capreomycin (2 H & 6 H)	INH	Isoniazid (1-2 H & 6 H)	RIFH	Rifampin (2 H & 6 H)	AMPI	Ampicillin
CIPH	Ciprofloxacin (2 H & 6 H)	ITRL	Itraconazole (trough & 3-4 H)	RFPTN	Rifapentine (5 H & trough)	CEFE	Cefepime
CLART	Clarithromycin (2-3H&6-7 H)	LFLHL	Levofloxacin (2 H & 6 H)	RILP	Rilpivirine (trough & 4-5H)	CEFT	Ceftriaxone
CFH	Clofazimine (2-3 H & 6-7 H)	LNZL	Linezolid (trough & 2 H)	SMH	Streptomycin (2 H & 6 H)	MERO	Meropenem
CSH	Cycloserine (2-3 H & 6-7 H)	LOPV	Lopinavir (trough & 4-6H)	VORL	Voriconazole (trough& 2 H)	PIPE	Piperacillin
DARU	Darunavir (trough & 2-4 H)	MXFL	Moxifloxacin (2 H & 6 H)				
DTG	Dolutegravir (trough & 2 H)	PASH	p-Aminosalicylic acid (6 H)				
EFVL	Efavirenz (trough & 5 H)	POSA	Posaconazole (trough& 3H)				

Sample preparation and shipment: Collect in a plain red top, 5 ml tube. Allow the sample to clot and separate serum from cells by centrifugation and aliquot into a labeled polypropylene or similar plastic tube. Use a separate tube for each test ordered. Allow room for expansion of sample inside tube. Freeze at -70°C if possible (otherwise -20°C.) Ship for overnight delivery on ≥ 5 lbs. dry ice. **SHIP SAMPLES TO BE RECEIVED MONDAY THROUGH FRIDAY. DO NOT SHIP ON FRIDAY OR SATURDAY.**

List other medications patient is currently taking: _____

For UFL Use Only	
Date Received:	_____
Time Received:	_____
Condition: (circle one)	
Frozen	Partially Frozen
	Thawed