

INFECTIOUS DISEASE PHARMACOKINETICS LABORATORY

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Patient Last, First Name, M.I. (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Facility Name & Address (Required)
Date of Birth:	Patient ID:		
Referring Physician (Required):		Physician Phone #	
Fax #	Facility Phone #		
Please note: We do not bill 3 rd party payers. The laboratory or office shipping the samples accepts responsibility for payment.			
Bill to / Contact Name:			
Billing Address:			
City		State	Zip
Telephone #		Email address:	

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

REQUIRED	Drug 1	Drug 2	Drug 3	Drug 4
Drug name to be Assayed				
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				

Test Catalog (Recommended Drawn Times)

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 some drugs: Rifapentine, beta-lactams, anti-HIV, anti-fungal drugs.**

Code	Drug Name (Dose & Interval)	Code	Drug Name (Dose & Interval)	Code	Drug Name (Dose & Interval)	β-Lactams (intravenous doses) (30-60 min. post infusion & trough)	
AZL	Azithromycin (2-3 H & 6-7 H)	ETAH	Ethionamide (2 H & 6 H)	POSA	Posaconazole (trough& 3H)		
BDQ	Bedaquiline (trough, 2 & 5-6 H)	INH	Isoniazid (1-2 H & 6 H)	PZAH	Pyrazinamide (2 H & 6 H)		
BIC	Bictegravir (trough & 2 H)	ISA	Isavuconazole (trough&2-3H)	RBN	Rifabutin (3 H & 7 H)	PIPE	Piperacillin
CIPH	Ciprofloxacin (2 H & 6 H)	ITRL	Itraconazole (trough & 3-4 H)	RIFH	Rifampin (2 H & 6 H)	AMOX	Amoxicillin
CLART	Clarithromycin (2-3H&6-7 H)	LDV	Ledipasvir (trough& 4 H)	RPNT	Rifapentine (trough & 5-6H)	AMPI	Ampicillin
CFH	Clofazimine (2-3 H & 6-7 H)	LFLHL	Levofloxacin (2 H & 6 H)	RILP	Rilpivirine (trough & 4-5H)	AZTRE	Aztreonam
CSH	Cycloserine (2-3 H & 6-7 H)	LNZL	Linezolid (trough, 2 & 5-6 H)	SOF	Sofosbuvir (trough& 1 H)	CEFAZ	Cefazolin
DARU	Darunavir (trough & 2-4 H)	LOPV	Lopinavir (trough & 4-6H)	VORL	Voriconazole (trough& 2 H)	CEFE	Cefepime
DTG	Dolutegravir (trough & 2 H)	MXFL	Moxifloxacin (2 H & 6 H)			CEFT	Ceftriaxone
EFVL	Efavirenz (trough & 5 H)	PASH	p-Aminosalicylic acid (6 H)	NAFC	Nafcillin	IMIP	Imipenem
EMBH	Ethambutol (2-3 H & 6-7 H)	PMD	Pretomanid (trough, 2 & 5-6 H)	MERO	Meropenem	OXA	Oxacillin

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. *Provide 1 ml per test.* 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.**

For UFL Use Only

Date Received: _____
 Time Received: _____
 Condition: (circle one)
 Frozen Partially Frozen Thawed