

# INFECTIOUS DISEASE PHARMACOKINETICS LABORATORY

1600 SW Archer Rd., P4-30  
Gainesville, FL 32610  
Phone: 352-273-6710 Fax: 352-273-6804  
E-mail: [peloquinlab@cop.ufl.edu](mailto:peloquinlab@cop.ufl.edu)  
Website: <http://idpl.pharmacy.ufl.edu>



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 <sup>rd</sup> 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 excluding weekend 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				
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 Draw 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.**

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

**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      Thawed      Variance Form

(Revised 1.24)