

# INFECTIOUS DISEASE PHARMACOKINETICS LABORATORY

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Patient Last, First Name, M.I. (Required)			<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Mail results to: (Required)</b>
Date of Birth:	Patient ID:				
Referring Physician:		Physician NPI #	Physician Phone #		
Fax #		Facility Phone #			
<b>COMPLETE SECTION BELOW ONLY IF BILLING INFORMATION DIFFERS FROM "MAIL RESULTS TO" INFORMATION</b>					
Bill to / Contact Name :					
Billing Address:					
City	State	Zip			
Telephone #					

(Please submit a separate requisition for each sample collection time) **Most assays require 4-7 days to complete.**

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 may 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 2 ml serum per test*)

AMPL	Amprenavir ( <b>trough &amp; 2-3 H</b> )	EFVL	Efavirenz ( <b>trough &amp; 5 H</b> )	LOPV	Lopinavir ( <b>trough &amp; 4-6H</b> )	RBN	Rifabutin (3 H & 7 H)
ATAZ	Atazanavir ( <b>trough &amp; 2 H</b> )	EMBH	Ethambutol (2-3 H & 6-7 H)	MVC	Maraviroc ( <b>trough&amp; 1-2H</b> )	RIFH	Rifampin (2 H & 6 H)
AZL	Azithromycin (2-3 H & 6-7 H)	ETAH	Ethionamide (2 H & 6 H)	MXFL	Moxifloxacin (2 H & 6 H)	RFPTN	Rifapentine (5 H & trough)
CMH	Capreomycin (2 H & 6 H)	ETRA	Etravirine ( <b>trough &amp; 3-4 H</b> )	NLFL	Nelfinavir( <b>trough &amp; 2-3 H</b> )	RTVL	Ritonavir ( <b>trough &amp; 2-3 H</b> )
CIPH	Ciprofloxacin (2 H & 6 H)	FLUCZ	Fluconazole ( <b>trough &amp; 2 H</b> )	NEV	Nevirapine ( <b>trough &amp; 2 H</b> )	SAQL	Saquinavir ( <b>trough &amp; 2-3 H</b> )
CLART	Clarithromycin(2-3 H & 6-7 H)	INDL	Indinavir ( <b>trough &amp; 1-2 H</b> )	OFLHL	Ofloxacin (2 H & 6 H)	SMH	Streptomycin (2 H & 6 H)
CFH	Clofazimine (2-3 H & 6-7 H)	INH	Isoniazid (1-2 H & 6 H)	PASH	<i>p</i> -Aminosalicylic acid (6 H)	TIPV	Tipranavir ( <b>trough &amp; 3 H</b> )
CSH	Cycloserine (2-3 H & 6-7 H)	ITRL	Itraconazole ( <b>trough &amp; 3-4 H</b> )	POSA	Posaconazole( <b>trough&amp; 3H</b> )	VITD	Vitamin 25(OH) D (random)
DARU	Darunavir ( <b>trough &amp; 2-4 H</b> )	LFLHL	Levofloxacin (2 H & 6 H)	PZAH	Pyrazinamide (2 H & 6 H)	VORL	Voriconazole ( <b>trough&amp; 2 H</b> )
DELV	Delavirdine ( <b>trough &amp; 2 H</b> )	LNZL	Linezolid ( <b>trough &amp; 2 H</b> )	RALT	Raltegravir ( <b>trough &amp; 3 H</b> )		

**Sample preparation and shipment:** Collect in a plain red top, 8-10 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