

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

Website: <http://idpl.pharmacy.ufl.edu>



Patient Last, First Name, M.I. (Required)			☐ Male ☐ Female	Mail results to: (Required)
Date of Birth:	Patient ID:			
Referring Physician (Required):	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 Code or Diagnosis				
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 2 ml serum per test)

AZL	Azithromycin (2-3 H & 6-7 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)	
BDQ	Bedaquiline (5 H & 24 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)	AMOX	Amoxicillin
CIPH	Ciprofloxacin (2 H & 6 H)	ITRL	Itraconazole (trough & 3-4 H)	RFPTN	Rifapentine (5 H & trough)	AMPI	Ampicillin
CLART	Clarithromycin (2-3H&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 H)	VORL	Voriconazole (trough & 2 H)	CEFAZ	Cefazolin
CSH	Cycloserine (2-3 H & 6-7 H)	LOPV	Lopinavir (trough & 4-6H)			CEFE	Cefepime
DARU	Darunavir (trough & 2-4 H)	MXFL	Moxifloxacin (2 H & 6 H)	NAFC	Nafcillin	CEFT	Ceftriaxone
DTG	Dolutegravir (trough & 2 H)	PASH	p-Aminosalicylic acid (6 H)	MERO	Meropenem	IMIP	Imipenem
EFVL	Efavirenz (trough & 5 H)	POSA	Posaconazole (trough & 3H)	PIPE	Piperacillin	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. 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

(Revised 03.19)