

# 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 <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 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 & Time)	Code	Drug Name (Dose & Time)	Code	Drug Name (Dose & Time)	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 (5 H & 24 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 (5 H & 24 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