

Columbia University Irving Medical Center

Department of Pathology and Cell Biology
Clinical Pharmacology and Toxicology Laboratory
630 West 168th Street, P&S 11-401-B, New York, NY 10032
Phone: (212) 305-0045

IV BUSULFEX PHARMACOKINETICS – ONCE DAILY DOSING

Patient Name: _____	Disease: _____
MRN: _____	
Date of Birth: _____	Bill to: Account: _____
Height: _____	
Actual Weight: _____	
AIBW: _____*	

*(weight used for determining dose)

Dose Number: _____ of 4	Attending Physician: _____
Dose (mg): _____	Report results to: _____
Date: _____	_____
Target AUC0-24h : _____ uM*min	_____
	Cell Phone Number: _____
	Pager Number: _____

Infusion start time: _____

Infusion stop time: _____

Draw times based on 3-hour infusion.

Draw specimens at the following times:

DOSE #1 ONLY

Tube #	Collection Timepoints	Expected Draw Time	Actual Draw Time
1	15 minutes after end of IV		
2	5 hours post start of IV		
3	7 hours post start of IV		
4	9 hours post start of IV		
5	12 hours post start of IV		

FOLLOW UP DOSES

Tube #	Collection Timepoints	Expected Draw Time	Actual Draw Time
1	Pre start of IV		
2	15 minutes after end of IV		
3	5 hours post start of IV		
4	7 hours post start of IV		
5	9 hours post start of IV		
6	12 hours post start of IV		

Please keep the samples refrigerated or on ice after collection. Please call the lab at (212) 305-0045 with any questions.