

# Columbia University Irving Medical Center

Department of Pathology and Cell Biology  
Clinical Pharmacology and Toxicology Laboratory  
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## IV BUSULFEX PHARMACOKINETICS – ONCE DAILY DOSING

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

Dose Number: _____ of 4	Attending Physician: _____
Dose (mg): _____	Report results to _____
Date: _____	(MD or PharmD): _____
Target AUC <sub>0-24h</sub> : _____ uM*min	
Infusion start time: _____	Cell Phone: _____
Infusion stop time: _____	E-Mail: _____

Draw times based on 3-hour infusion (including flush).

Samples should not be drawn from the lumen used to infuse busulfan.

Draw specimens at the following times:

### ALL DOSES:

Tube #	Collection Timepoints	Expected Draw Time	Actual Draw Time
1	End of infusion + 5 mins		
2	End of infusion + 15 mins		
3	5 hours post <b>start</b> of IV		
4	7 hours post <b>start</b> of IV		
5	9 hours post <b>start</b> of IV		
6	12 hours post <b>start</b> of IV		

*Please keep the samples refrigerated or on ice after collection. Lab personnel will pick up the samples directly from the patient's floor shortly after the last sample is collected. A separate requisition form must be filled out for each dose/set of samples.*

**\*Please call the lab at (212) 305-0045 with any questions.\***