

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 rd 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 excluding weekend 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				
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 Draw 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)	Code	Drug Name (Dose)	Code	Drug Name (Dose)	Intravenous Drugs (intravenous doses) (30-60 min. post infusion & trough)	
AZL	Azithromycin (2-3 H & 6-7 H)	INH	Isoniazid (1-2 H & 6 H)	RBN	Rifabutin (3 H & 7 H)		
BDQ	Bedaquiline (trough, 2 & 5-6 H)	ISA	Isavuconazole (trough&2-3H)	RIFH	Rifampin (2 H & 6 H)		
BIC	Bictegravir (trough & 2 H)	ITRL	Itraconazole (trough & 3-4 H)	RPNT	Rifapentine (trough & 5-6H)	PIPE	Piperacillin
CIPH	Ciprofloxacin (2 H & 6 H)	LDV	Ledipasvir (trough& 4 H)	RILP	Rilpivirine (trough & 4-5H)	AMOX	Amoxicillin
CLART	Clarithromycin (2-3 H & 6-7 H)	LFLHL	Levofloxacin (2 H & 6 H)	SOF	Sofosbuvir (trough& 1 H)	AMPI	Ampicillin
CFH	Clofazimine (2-3 H & 6-7 H)	LNZL	Linezolid (trough, 2 & 5-6 H)	VORL	Voriconazole (trough& 2 H)	AZTRE	Aztreonam
CSH	Cycloserine (2-3 H & 6-7 H)	LOPV	Lopinavir (trough & 4-6H)			CEFAZ	Cefazolin
DARU	Darunavir (trough & 2-4 H)	MINO	Minocycline (2 H & 6 H)			CEFE	Cefepime
DTG	Dolutegravir (trough & 2 H)	MXFL	Moxifloxacin (2 H & 6 H)			CEFT	Ceftriaxone
DOXY	Doxycycline (2-3 H & 6-7 H)	OMADA	Omadacycline (2-3 H & 6-7 H)			IMIP	Imipenem
EFVL	Efavirenz (trough & 5 H)	PMD	Pretomanid (trough, 2 & 5-6 H)			MERO	Meropenem
EMBH	Ethambutol (2-3 H & 6-7 H)	POSA	Posaconazole (trough& 3H)	CTL	Ceftaroline	NAFC	Nafcillin
ETAH	Ethionamide (2 H & 6 H)	PZAH	Pyrazinamide (2 H & 6 H)	DAPTO	Daptomycin	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 Thawed Variance Form