IV Q12 BUSULFAN PHARMACOKINETICS REQUISITION

ALL INFORMATION MUST BE FILLED OUT PRIOR TO SHIPPING.
BUSULFAN RESULTS CANNOT BE CALCULATED OR REPORTED WITHOUT COMPLETE INFORMATION.

PATIENT INFORMATION

Patient Name: _____ Full Institution Name: _____

Medical Record #: _____ Date of Birth: _____

Actual Weight (kg): _____ Genetic Sex : _____

Dosing Weight (kg): _____ Diagnosis : _____

Height (cm): _____ ICD-10 code : _____

Study/Protocol ID: _____

DOSE INFORMATION

Date of Dose: _____

Dose Given (mg): _____

Dose Number (write "test" for a test dose): _____ Total # of Regimen doses: _____

Desired Target Range: _____

Target Units: ☐ (AUC) (uMol*min) ☐ (AUC) (mg*hr/L) ☐ (CSS) (ng/mL)

If Test Dose (TD) was given: (Overall BU Exposure Calc.) ☐ Exclude TD Exposure ☐ Include TD Exposure ☐ No TD was given

DRUG INTERACTIONS: Please see second page for more details.

If none of the listed drugs were given nor conditions were applicable, please write "N/A" here: _____

CONTACT INFORMATION

Signature of MD or designee: _____

Attending MD (print name): _____

Results are usually available between 13:00 and 16:00 Pacific Time the day following sample collection and shipment. Verbal report recipient must be an MD, DO, PharmD, ARNP, or PA-C

Verbal report recipient: _____

Verbal report recipient contact number: _____

Email address(es)/Fax number(s): _____

_____

_____

_____

Please indicate any other treatment the patient has/is planned to recieve as part of their current conditioning regimen:

☐ Cyclophosphamide ☐ Pre-Transplant ☐ Post-Transplant

☐ Fludarabine ☐ Concurrent with BU ☐ Separate

☐ Thiotepa ☐ Etoposide ☐ Melphalan ☐ Other: _____

☐ ATG ☐ TBI

PROCESSING INSTRUCTIONS: Please draw at least 2 mL blood in a green top tube (sodium heparin). Keep refrigerated/on ice at all times. Centrifuge at 4ºC. Remove and freeze plasma into a plastic tube securely labeled with: Patient Name, MRN, Date and Draw Time. Send samples on 5 kg dry ice **FIRST OVERNIGHT** addressed below. Accurate draw and infusion start/stop times are critical to busulfan PK analysis.

IV Q12 Busulfan Dose 1

For a test dose preceding an IV Q12 Regimen, please use a IV Q6 Requisition

Infusion **start time:** _____

Infusion **stop time:** _____

ACTUAL Sample Collection Clock Times		Initials
End of Infusion	_____	_____
End of Infusion + 15 Minutes	_____	_____
Start of infusion + 4 Hours	_____	_____
Start of infusion + 5 Hours	_____	_____
Start of infusion + 6 Hours	_____	_____
Start of infusion + 8 Hours	_____	_____

IV Q12 Busulfan Follow-up Doses

Typical IV Q12 infusion is 120 minutes, including flush.

***Required (drawn ~5 min before Start of Infusion)**

Infusion **start time:** _____

Infusion **stop time:** _____

ACTUAL Sample Collection Clock Times		Initials
Pre Infusion*	_____	_____
End of Infusion	_____	_____
End of Infusion + 15 Minutes	_____	_____
Start of infusion + 4 Hours	_____	_____
Start of infusion + 6 Hours	_____	_____
Start of infusion + 8 Hours	_____	_____

Please fax or scan and email a completed copy of this requisition form and shipment tracking number to PKLab@fredhutch.org prior to shipping samples, and include a hard copy with the samples. Ship samples frozen with a minimum of 5kg dry ice.

Phone number: (206) 606-7389 Fax number: (206) 606-7397 Pager: (206) 994-5942

Email: PKLab@Fredhutch.org

SHIP TO: Pharmacokinetics Laboratory
Fred Hutchinson Cancer Center
188 E. Blaine St. Suite 250
Seattle, WA 98102

Fred Hutch Cancer Center

PK Lab Busulfan Common Drug Interaction Questionnaire

To ensure accurate dosing and timely reporting of busulfan pharmacokinetics (PK) results, please fill in the survey below with the date and last given dose if your patient is actively taking or has recently received any of the medications listed within the specified timeframe from the busulfan PK dose date. Please write "*Ongoing*" if medication is continuing. This timeline is based on the first administered dose of busulfan.

Slow Busulfan Clearance Watchlist	Date of Last Dose	Dosage and Frequency
Acetaminophen (Tylenol®) (within 72 hrs)		
Asciminib (Scemblix®) (within 5 days)		
Azithromycin (Zithromax®) (within 14 days)		
Blinatumomab (Blincyto®) (within 48 hrs)		
Dapsone (Aczone®) (within 96 hrs)		
Deferasirox (Exjade®) (within 30 days)		
Fedratinib (Inrebic®) (within 14 days)		
Gemfibrozil (Lopoid®) (within 96 hrs)		
Isavuconazole (Cresemba®) (within 14 days)		
Itraconazole (Sporanox®) (within 14 days)		
Metronidazole (Flagyl®) (within 96 hours)		
Posaconazole (Noxafil®) (within 14 days)		
Ritonavir (Norvir®/Paxlovid™) (within 7 days)		
Valproic Acid (Depakene®/-ote®) (within 4 days)		

Fast Busulfan Clearance Watchlist	Date of Last Dose	Dosage and Frequency
Cannabidiol (Epidiolex®) (within 30 days)		
FLT3 inhibitors (*Midostaurin: Rydapt®) (within 30 days)		
IDH1 inhibitors (*Ivosidenib; Tibsovo®) (within 30 days)		
IDH2 inhibitors (*Enasidenib, Idhifa®) (within 30 days)		
Marijuana (☐smoking, ☐edibles) (within 30 days) (Select all that apply)		
Phenytoin (Dilantin®) (within 4 days)		
Rifampin (Rifadin®) (within 4 weeks)		
THC (Dronabinol/Marinol®) (within 30 days)		
Voriconazole (Vfend®) (within 48 hours)		

Additional Watchlist	Date of Last Dose	Dosage and Frequency
Aprepitant (Emend®) (within 14 days)		
Avapritinib (Ayvakit®) (within 12 days)		
Fosaprepitant (Emend® IV) (within 14 days)		
Gemtuzumab (Mylotarg®) (within 90 days)		
Inotuzumab (Besponsa®) (within 90 days)		
Nilotinib (Tasigna®) (within 7 days)		
Pacritinib (Vonjo®) (within 14 days)		
Ponatinib (Iclusig®) (within 30 days)		

Please indicate any of the following:

Underlying liver dysfunction ○ Yes / ○ No

History of extensive alcohol use/abuse ○ Yes / ○ No

History of extensive prior chemotherapy ○ Yes / ○ No

Additional Comments:

Patient Name:

Patient MRN:

Patient DOB:

Form filled out by:

Contact information: