

IV Q24 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: Exclude TD Exposure Include TD Exposure No TD was given

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 receive as part of their current conditioning regimen:

Cyclophosphamide

Thiotepa

ATG

Pre-Transplant Post-Transplant

Etoposide

TBI

Fludarabine

Melphalan

Concurrent with BU Separate

Other: _____

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: _____

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 4°C. 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 Q24 Busulfan Dose 1

For a test dose preceding an IV Q24 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 Q24 Busulfan Follow-up Doses

Typical IV Q24 infusion is 180 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



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: