Oncology Pharmacokinetics Laboratory, The Children's Hospital at Westmead

Busulphan Pharmacokinetics Request Form

Patient details

Name		
Address		
Medicare number		
DOB:	Weight (kg):	BSA (m2):
Gender:	Height (cm):	

Busulphan Dose and blood collection details:

Busulphan dose (mg): _____ (mg/kg)_____

Time Infusion start _____ Time infusion end: _____ Oral dose Yes/ No (please circle)

Blood collection times (please attach Busulphan Blood Collection Sheet),

Specify times _____

Other chemotherapy in conditioning regimen (please circle):

Cyclophosphamide /melphalan/ fludarabine / other (please specify)_____

Institution details:

Requesting Institution: _____

Institution Address: _____

Requesting Doctor: _____ (Signed)_____

Provider number: _____

E-mail (for result notification):_____Phone_____

Billing information: The charge for measuring busulphan concentrations in 3-5 samples post dose and performing the pharmacokinetic analysis is $500 for testing on Mondays to Fridays. The cost of testing on Saturdays or public holidays is $1000. Institutions will be billed quarterly.

Please provide contact name and address for invoicing:

Contact name : _____ Tel: _____

Contact email: : _____

Billing Address: _____