

## **Intravenous Busulfan Pharmacokinetics - Blood Collection Sheet**

Patient name: \_\_\_\_\_ (attach patient label)  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Patient weight: \_\_\_\_\_  
Busulfan dose (mg): \_\_\_\_\_ (mg/kg): \_\_\_\_\_  
Day of Busulfan: \_\_\_\_\_ Date of blood sampling: \_\_\_\_\_  
Time of infusion start: \_\_\_\_\_ Time of infusion end: \_\_\_\_\_

### **Blood Samples**

Please collect 1 - 2 mL Lithium Heparin Blood samples from a different lumen to the one used to administer Busulfan. Send each sample to laboratory for processing immediately after collection with EPIC Pathology Request Form.

Lumen for Busulfan administration: \_\_\_\_\_

Lumen for blood collections: \_\_\_\_\_

<b>Time after Busulfan infusion end</b>	<b>Time due</b>	<b>Actual time taken</b>
0 hour (infusion end)	_____	_____
1 hour	_____	_____
2 hour	_____	_____
4 hour	_____	_____

Ensure completed Busulfan Request Form and Busulfan Blood Collection Sheet are sent to laboratory with last sample.

### **Processing of Blood Samples (Information for Laboratory Staff)**

Separate plasma immediately after collection. Freeze plasma. Store at -40°C or lower until shipment. Send samples immediately after collection of the 4 hour sample. Send samples on dry ice. Enclose Busulfan Request Form and Busulfan Blood Collection Sheet.

Send to: Pharmacokinetics via Specimen Reception ATT: Dr Christa Nath

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