

Request Form: Pharmacokinetics, Biochemistry, The Children's Hospital at Westmead

Patient details

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

Busulphan Dose and blood collection details:

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

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

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

Specify times _____ Collector signature: _____

Other chemotherapy in conditioning regimen (please circle):

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

Does this patient belong to the clinical trial? Yes / No If yes, which trial? _____

Institution details:

Requesting Institution: _____

Institution Address: _____

Requesting Doctor: _____ (Signed) _____

Provider number: _____ E-mail (for result notification): _____

Mobile phone: _____ Do not send Reports to My Health Record: ☐ (please check)

Billing information: The charge for measuring busulphan concentrations in 3-5 samples post dose and performing the pharmacokinetic analysis is \$500 for testing. Testing is not available on weekends or public holidays. The charge is double for drug company-sponsored clinical trials. Institutions will be billed quarterly. Please provide contact name and address for invoicing:

Contact name : _____ Tel: _____

Contact email: _____

Billing Address: _____

Send frozen samples (in dry ice) to: Dr Christa Nath, Department of Biochemistry, The Children's Hospital at Westmead, Cnr Hawkesbury Rd and Hainsworth St. Westmead, NSW, 2145.

Contact details: christa.nath@health.nsw.gov.au Tel: (02) 98453287.