



**Questions:** Call 800-533-1710

**International clients:** + 1-507-266-5700 or email: mclglobal@mayo.edu

**Patient Information**

|                                   |                                |                                     |
|-----------------------------------|--------------------------------|-------------------------------------|
| Name <i>(Last, First, Middle)</i> | Birth Date <i>(mm-dd-yyyy)</i> | Treatment Plan Adjusted Weight (kg) |
|-----------------------------------|--------------------------------|-------------------------------------|

**Dosage Information**

|  |                    |
|--|--------------------|
| Dosage Administration Date <i>(mm-dd-yyyy)</i> | Dosage (mg q 6 hr) |
|--|--------------------|

**Specimen Collection Times** *(hh:mm)*

|   |  |
|---|--|
| Infusion start time   | <input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Infusion stop time: Collect immediately post infusion specimen—BU2H, DOSE<br>(typically 2 hours after infusion start) | <input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Second specimen draw time   | <input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Third specimen draw time  | <input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Fourth specimen draw time   | <input type="checkbox"/> am<br><input type="checkbox"/> pm |

**BUAUC / Busulfan, Intravenous Dose, Area Under the Curve (AUC), Plasma**

**Four plasma specimens are required for this test**

1. The first specimen (BU2H, DOSE) should be drawn immediately after termination of an intravenous infusion of 0.8 mg/kg busulfan. Additional specimens should also be drawn at 1 hour (BU3H), 2 hours (BU4H), and 4 hours (BU6H) after termination of infusion.
2. Draw blood in a green top (sodium heparin) tube. Spin down and send 1 mL of sodium heparin plasma frozen in plastic vial.
3. Label each specimen appropriately (exact time of draw).
4. Complete all sections of form.
5. Send all 4 specimens and form together under 1 order.