

Busulfan Testing Web Order Form

Please fill out this form electronically, print it out and fax to Busulfan Lab at (206) 606-7397 or click "Submit by Email" button and send this form via your email account.

Give us at least 48 hours notice prior to sample arrival.

Please also email package tracking numbers (when available) and questions to PKLab@seattlecca.org

(*indicates **REQUIRED** field)

*Today's Date: *Institution:

*Busulfan Start Date: *Date of Sample Arrival:

Patient Information:

*Patient Name (Last, First): *Date of Birth (MM/DD/YY):

*Medical Record #: *Sex: *Diagnosis:

*ICD-10 Code: *Test Dose? *Dosing Regimen:

of Regimen Doses: *Target Range: *Target Units:

Additional Notes:

Contact Information:

*Your Name: Attending Physician:

*Your Phone No.: Phone/Pager No.:

Your E-mail: Attending's E-mail:

Please provide if available:

Actual Weight (kg): Dosing Weight (kg):

Height (cm): Dose (mg):

Courier Service: Tracking Number:

This form is created for your convenience of ordering Busulfan Testing ONLY. It **DOES NOT replace the **Busulfan Requisition** Sheet. Please have requisition sheet completely filled out, have attending physician, or designee, sign it, pack it with the specimen, and send the package to us. Questions? Call Busulfan Lab (206) 606-7389 Thank you!

For PK Lab use:

- Registered in LIMS
- Written on Dashboard
- Electronic Folders and Files
- Fax Sheet/Paper Folder
- Additional Information