

Children's Hospital Los Angeles
 Alexander R. Judkins, MD
 Department of Pathology & Laboratory Medicine
 Pathologist-in-Chief and Laboratory Director
 4650 Sunset Boulevard
 Los Angeles, CA 90027
 Phone: 323.361.2423, 877.543.9522
 Fax: 323.361.6157
 California State License CLF260
 CLIA# 05D0542989



Institution

Ship Specimens to:
 Department of Pathology and Laboratory Medicine
 Duque Building, 2nd Floor, Room 2-290
 Children's Hospital Los Angeles
 4650 Sunset Blvd.
 Los Angeles, CA 90027

BUSULFAN TEST REQUISITION FORM

All information must be completed before sample can be processed.

24 hour notification required for testing. Email us at: PLMBusulfan@chla.usc.edu

PATIENT INFORMATION

Patient Name: _____
 DOB: ____ / ____ / ____ Gender: M F
 Patient's Weight (kg): _____
 CHLA Medical Record: _____
 Facility Medical Record: _____
 Ordering Physician: _____
 Ordering Institution: _____

SAMPLE INFORMATION

Busulfan Start Date and Time: ____ / ____ / ____
 ____:____
 Busulfan Stop Date and Time: ____ / ____ / ____
 ____:____
 Dose Number: _____
 Dose Given (mg): _____
 Total Number of Samples Submitted: _____

Specimens	Time Interval (minutes)	Collection Date	Collection Time	Result (ng/mL)
Pre-Dose				
Immed—prior to end of				
____ min post infusion				
____ min post infusion				
____ min post infusion				
____ min post infusion				
____ min post infusion				

Busulfan Molecular weight—246.34 g/L
 To convert from ng/mL to uM: divide by 246.34

***Note:** These tests were developed and validated by CHLA in accordance with CLIA requirements. They have not been cleared or approved by the U.S. Food and Drug Administration.

Internal Use Only:
 Received Date and Time: _____ Report Date and Time: _____