BON N° 016 CHUV-PCL MEASUREMENT OF ANTIMICROBIAL AGENTS

Marquer les cases d'un trait noir:
juste faux

Centre hospitalier universitaire vaudois

Division de Pharmacologie Clinique, Service de Biomédecine
Service des Maladies Infectieuses
Réception des laboratoires: BH/18/100
1011 Lausanne

Contact :
Labo. : Tél.: 021 314 **42 71** - Fax : 021 314 **80 98** - **PP 439**
Interprétation clinique : Tél.: 021 314 **25 00**
www.chuv.ch/pcl

Ouverture du laboratoire :
lundi - vendredi 08h00 - 17h00

Patient

Last name: .....
First name: .....
Gender: .....
Full birth date: .....
Address: .....
ZIP/City: .....
Your reference: .....

Invoice to:
patient applicant

Etiquette code barres pour le CHUV

Date and time of sampling (required)

Day: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Month: 1 2 3 4 5 6 7 8 9 10 11 12
Hour: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
Min.: 15 30 45

COPY OF THE RESULTS TO:

Physician name: .....
Address: .....
ZIP/City: .....

REQUESTING PHYSICIAN:

Physician name: .....
Address: .....
Phone: .....

Etiquette déviation ou Etiquette de projet

CLINICAL JUSTIFICATION(S):

- Therapeutic Drug Monitoring
- Infection not responding
- Suspected toxicity
- Suspected drug interactions
- Unclear compliance
- Pregnancy
- Study: .....
- Other reason: .....
- Urgent request (specify reason): .....

INDICATION OF TREATMENT:

- Prophylaxis
- Pre-emptive treatment
- Documented infection
- 1st line treatment
- Salvage therapy
- Follow-up treatment
- Empirical therapy for persistent fever
- Asymptomatic infection (CMV)
- Other (specify): .....

BLOOD SAMPLING AT STEADY STATE:

NB: Avoid sampling from the venous line used for infusion of the antimicrobial treatment!

- Through level *(5 min. before next dose)*
- Peak level *(Only for protocols or for clinical exceptions on request of the specialist: Antibiotic/antifungal agents: 1 hr after the end of i.v. infusion or 2 hr after an oral dose; Antiviral drugs: 3 hr post dose, except for oseltamivir: 4 hr post dose)*

CLINICAL DATA:

Organ dysfunction:
- heart
- liver
- lung
- none
- other (specify): .....

Immunosuppression:
- neutropenia
- long-term corticosteroids
- other (specify): .....

Graft:
- heart
- liver
- kidney
- lung
- hematopoietic allograft
- hematopoietic autograft
- other (specify): .....

Renal function:
- renal insufficiency
  serum creatinine: ..... µmol/L
- hemodialysis
- continuous renal replacement therapy
- other (specify): .....

Adverse events:
- none
- hepatic (specify): .....
- renal (specify): .....
- neurologic (specify): .....
- other (specify): .....

Weight: ..... kg Height: ..... cm
For preterm babies, gestational age: .....
Co-medications: .....

Request for clinical interpretation of drug level measurement

yes (by default) no

N° d'article CHUV: 934657 CHUV Labo-PCL-449 VS-09.2012 ATM-en v.02

Nom Prénom ID

Material sent:

- ☐ K-EDTA whole blood (4.9 ml S-Monovette)
- ☐ citrate blood « coagulation » (S-Monovette, 2.7 ml)
- ☐ fluoride/oxalate blood (BD Vacutainer, 2 or 4 ml)

- ☐ *sample received frozen*
- ☐ *sample received by carrier*

ANTIMICROBIAL AGENT TO BE MEASURED

ANTIBIOTICS:

Carbapenems:
- ☐ Ertapenem
- ☐ Imipenem
- ☐ Meropenem
- ☐ .....

Quinolones:
- ☐ Ciprofloxacin
- ☐ Levofloxacin
- ☐ .....

Cephalosporins:
- ☐ Cefepime
- ☐ Ceftazidime
- ☐ Ceftriaxone
- ☐ Ceftobiprole
- ☐ Cefuroxime
- ☐ .....

Penicillins:
- ☐ Amoxicillin
- ☐ Flucloxacillin
- ☐ Piperacillin/tazobactam
- ☐ .....

Tetracyclines:
- ☐ Doxycycline
- ☐ Tygecycline
- ☐ .....

Other antibiotics:
- ☐ Clindamycin
- ☐ Daptomycin
- ☐ Linezolid
- ☐ Trimethoprim/sulfamethoxazole
- ☐ .....
- ☐ .....

ANTIFUNGALS:

Triazole derivates:
- ☐ Fluconazole
- ☐ Itraconazole / hydroxy-itraconazole
- ☐ Posaconazole
- ☐ Voriconazole
- ☐ .....

Echinocandins:
- ☐ Anidulafungin
- ☐ Caspofungin
- ☐ .....

ANTIVIRALS:

- ☐ Aciclovir
- ☐ Valaciclovir
- ☐ Ganciclovir
- ☐ Valganciclovir
- ☐ Oseltamivir carboxylate
- ☐ .....

INFORMATION ON LAST DOSE ADMINISTRATION (REQUIRED)

Exact date of last dose administration:

Day: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31

Month: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Exact time of last dose administration:

Hour: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23

Min.: ☐ 15 ☐ 30 ☐ 45

Date of onset of treatment or last change in drug dose: .....

Dosing schedule:

Dose (mg): ☐ 0.1 ☐ 0.2 ☐ 0.3 ☐ 0.4 ☐ 0.5 ☐ 0.6 ☐ 0.7 ☐ 0.8 ☐ 0.9 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90

☐ 100 ☐ 200 ☐ 300 ☐ 400 ☐ 500 ☐ 600 ☐ 700 ☐ 800 ☐ 900 ☐ 1000 ☐ 2000 ☐ 3000 ☐ 4000 ☐ 5000 ☐ 6000 ☐ 7000 ☐ 8000 ☐ 9000

Number of dose(s) /24h: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

(example : for a 1500 mg dose, tick the box 1000 and the box 500)

Administration route: ☐ oral ☐ i.v. ☐ i.v. continuous infusion

Duration of infusion: .....

Other dosage: .....

ESSENTIAL INFORMATION FOR THE INTERPRETATION OF THE RESULTS

Bacterial infection:
- ☐ *clinically* documented (specify): .....
- ☐ *microbiologically* documented (specify): .....

pathogen(s): .....

Fungal infection:
- ☐ Invasive aspergillosis
- ☐ Invasive candidiasis
- ☐ Other mycosis (specify): .....

Viral infection:
- ☐ Cytomegalovirus disease (CMV)
- ☐ Influenza *Viral subtype identified:* .....
- ☐ Post-exposure prophylaxis (Influenza)
- ☐ Other viral infection (specify): .....

Generalities:

Localization of infection (specify): .....

In vitro sensitivity of pathogen to the current treatment:
☐ susceptible ☐ intermediate ☐ resistant

Minimal inhibitory concentration (MIC) of the antibiotic/antifungal agent: ..... mg/L

Inhibitory concentration 50 (IC_{50}) of the antiviral: ..... mg/L

Severity of infection:
- ☐ sepsis
- ☐ severe sepsis
- ☐ septic shock

Response of infection to the antibiotic/antifungal agent or to the antiviral drug:
☐ complete ☐ partial ☐ stable ☐ deterioration

- **Ship without delay** the blood sample at the centralized laboratory reception desk (maximum 30 min. after sampling).
- *Processing of blood samples*: centrifugation at 2500 rpm during 15 minutes, freezing of plasma at -80°C within 1 hr of sampling. If this timing cannot be respected, keep the sample at 4°C until centrifugation and freezing (max. 6h).
- **Inappropriate processing/storage/shipment can influence the reliability of the analyses/of their clinical interpretation.**