

Eurofins Biomnis Ireland, Tel: +353 1 295 8545 | Fax: +353 1 295 8550 | Email: sales@ctie.eurofinseu.com

The blood must be drawn during IV 5-FU infusion

1 REQUESTING CLINICIAN

Surname:

First name(s):

Organisation:

Customer Identification

Compulsory
your laboratory identification here

Sample Date dd/mm/yy:

Time of sampling hh:mm:.....

2 PATIENT

☐ Mrs/Ms ☐ Mr Gender: ☐ F ☐ M

Surname: First name(s):

Date of birth: Address:

City: Country:

3 PRE-ANALYTICAL INFORMATION - TO BE FILLED IN BY THE LABORATORY

Time of freezing (Lithium-heparin plasma) hh:mm:.....

4 CLINICAL DETAILS

Patient: Weight: kg Height: cm Origin: ☐ Europe ☐ North Africa ☐ Asia

Primary location of the tumour: ☐ Sub-Saharan Africa and West Indies
☐ Other (i.e. mixed race):

Previous fluoropyrimidine chemotherapy: ☐ Yes ☐ No

(For current illness)

Presence of toxicity: ☐ Yes ☐ No

If yes: Grade of toxicity (1 to 5) : ☐ Type of toxicity: ☐ Haematological ☐ Diarrhoea ☐ Mucitis ☐ HFS ☐ Coma

Radiotherapy concomitant to chemotherapy: ☐ Yes ☐ No

5 REQUEST FOR ANALYSES

If the patient had the 5FU profile, select 5FUP

OR

If the patient did NOT have the 5FU profile, select 5FUEN

☐ 5FUP DETERMINATION OF 5-FLUOROURACIL FOR
DOSE ADJUSTMENT (code: 5FUP)

Pharmacokinetic monitoring of 5-FU chemotherapies

☐ 5FUEN DETERMINATION OF 5-FLUOROURACIL FOR
DOSE ADJUSTMENT (code 5FUEN)

6 TREATMENT DETAILS

Date of request dd/mm/yy:

Date and time of start of 5-FU infusion:

..... at hh/mm

Date and time of end of 5-FU infusion:

..... at hh/mm

Dose of 5-FU: mg Folinic acid: mg

Associated drugs:

☐ Irinotecan ☐ Oxaliplatin ☐ Carboplatin
☐ Cisplatin ☐ Bevacizumab ☐ Cetuximab
☐ Trastuzumab ☐ Panitumumab ☐ Other:

Documents to be included:

- Chemotherapy plan
- Pharmacokinetic monitoring sheet

7 Next Chemotherapy Cycle

Scheduled date of next chemotherapy dd/mm/yy:

8 Comments / Observations

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SAMPLE PREPARATION
Determination of 5-fluorouracil for
Dose Adjustment - 5FUP or 5FUEN

IMPORTANT: Samples MUST be drawn from peripheral sites only (not directly from the port-a-cath/implantable site or the infusion site)

5-FU ODPM PROTOCOL™ PK GUIDED DOSE ADJUSTMENT OF 5-FLUOROURACIL

NB : For 46 hour infusions, please draw between the 16th and 43rd hour.

- Draw 2 x 4 ml tubes with lithium-heparin without gel separator *and process the samples within a strict maximum of 1 hour of drawing:*
 - Centrifuge the tubes at 2000–2200 g for 10 minutes (at 5°C ± 3°C if a temperature-controlled centrifuge is available)
 - Decant the plasma into 2 clearly identified polypropylene tubes
 - Freeze the 2 tubes of plasma immediately to < –18 °C
- Send the 2 tubes of frozen plasma to Eurofins Biomnis < -18°C