

Clinical Pharmacology Laboratory

Veterinary Anatomy, Physiology and
Pharmacology
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<http://www.vetmed.auburn.edu/index.pl/clinpharmlab>

CASE NO:

OWNER:

SPECIES:

BREED:

SEX:

NAME:

AGE:

WEIGHT: _____ kg/lbs

VETERINARIAN: _____

CLINIC: _____

MAILING ADDRESS: _____

CITY: STATE: ZIP: _____

TELEPHONE (____) _____ FAX: (____) _____

E-MAIL: _____

REPORT RESULTS VIA: TELEPHONE FAX E-MAIL

CLINICIAN STUDENT _____ PAGER # _____ DATE COLLECTED _____

- | | |
|---|--|
| <input type="checkbox"/> Amik / Gent | <input type="checkbox"/> Zonisamide |
| <input type="checkbox"/> Keppra / Leve | <input type="checkbox"/> Theophylline |
| <input type="checkbox"/> Pheno./Prim. | <input type="checkbox"/> Bromide (KBr) |
| <input type="checkbox"/> Digoxin | <input type="checkbox"/> Cyclosporine |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> OVERNIGHT DELIVERY | |

PERTINENT HISTORY: _____

Other Drugs in use: _____

	Yes	No
Overweight	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Laboratory Results (if yes, please explain in history)	<input type="checkbox"/>	<input type="checkbox"/>
Responding to Therapy Improvement 1 2 3 4 5 Good	<input type="checkbox"/>	<input type="checkbox"/>
Currently Seizuring	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Severity: 1 2 3 4 5 Worse		
Approx. Date of Last Seizure _____		

Drug: **PHENOBARBITAL** Dose: _____ mg/kg Every _____ hrs. for _____ days/months

*PEAK: LAST DOSE AT _____ am/pm SAMPLE COLLECTED AT _____ am/pm

*TROUGH: LAST DOSE AT _____ am/pm SAMPLE COLLECTED AT _____ am/pm

Hours elapsed between peak and trough: _____ Monitoring Purpose: Efficacy Toxicity

Drug: **BROMIDE** Steady State (>2.5 months at current dose) One Month of Maintenance, **NO** Loading Dose Given

One Month Post Dose Change One Month of Maintenance, Loading Dose Given

Post Loading (Load finished on _____)

Loading Dose: _____ mg/kg Every _____ hrs for _____ days

Maintenance Dose: _____ mg/kg Every _____ hrs for _____ days/months (circle one) Monitoring Purpose: Efficacy Toxicity

Drug: **CYCLOSPORINE** Route: _____ Dose: _____ mg/kg **IMPORTANT:** Drug Name: _____

Every _____ hrs. for _____ days/months Indication _____

*PEAK: LAST DOSE AT _____ am/pm SAMPLE COLLECTED AT _____ am/pm

*TROUGH: LAST DOSE AT _____ am/pm SAMPLE COLLECTED AT _____ am/pm

Concurrent ketoconazole therapy No Yes Dose _____ mg/kg Every _____ hrs. for _____ days/months

Drug: **OTHER** Route: _____ Dose: _____ mg/kg

Every _____ hrs. for _____ days/months

*PEAK: LAST DOSE AT _____ am/pm SAMPLE COLLECTED AT _____ am/pm

*TROUGH: LAST DOSE AT _____ am/pm SAMPLE COLLECTED AT _____ am/pm

Hours elapsed between peak and trough: _____ Monitoring Purpose: Efficacy Toxicity

For Lab Use Only: Date Received: _____ Accession #: _____