

# 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 \_\_\_\_\_

Amik / Gent	Zonisamide
Keppra/Leve	Theophylline
Pheno./Prim.	Bromide (KBr)
Digoxin	Cyclosporine
Other _____	
<b>OVERNIGHT DELIVERY</b>	

PERTINENT HISTORY:

Other Drugs in use:

	Yes	No
Overweight		
Abnormal Laboratory Results (if yes, please explain in history)		
Responding to Therapy		
Improvement		
Currently Seizing		
Seizure Severity:		
Approx. Date of Last Seizure _____		

Drug: <b>PHENOBARBITAL</b>	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: _____	<b>Monitoring Purpose:</b>	Efficacy      Toxicity

Drug: <b>BROMIDE</b>	Steady State (>2.5 months at current dose)	One Month of Maintenance, <b>NO</b> 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)	<b>Monitoring Purpose:</b> Efficacy      Toxicity

Drug: <b>CYCLOSPORINE</b>	Route: _____	Dose: _____ mg/kg	<b>IMPORTANT:</b> 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: <b>OTHER</b>	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: _____	<b>Monitoring Purpose:</b>	Efficacy      Toxicity

For Lab Use Only: Date Received: \_\_\_\_\_ Accession #: \_\_\_\_\_