

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 2/22/1961  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma**

ARUP test code 2009214

Antimicrobial Level - Streptomycin S/P

See Note

Performed By: National Jewish Center, Advanced Diag  
1400 Jackson St  
Denver, CO 80206

Streptomycin - Comment

See Note

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 23-292-402762  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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4848

Drug Level	Conc.	Unit	Flags
Streptomycin Level by HPLC	16.10	mcg/mL	

Test Name: Streptomycin Level  
 Specimen Type: Serum  
 Time/Date of Last Dose: 10-19-23 17:52  
 Dose: Not Provided  
 Streptomycin Level: 16.10 mcg/mL

**Interpretation:**  
 The target range for conventional treatment of mycobacterial infections is 35 to 45 mcg/mL approximately 1 hour after intramuscular injection or 1 hour after the end of intravenous infusion.  
 The target range for high dose, 3 times weekly treatment of mycobacterial infections is 65 to 80 mcg/mL approximately 1 hour after intramuscular injection or 1 hour after the end of intravenous infusion.

To allow for drug distribution, samples are drawn 2 hours after IV infusion or IM injection. These samples will often display concentrations below the stated ranges. The patient's maximum concentration can be back-calculated from 2 measured concentrations using linear regression. The patient's elimination rate constant can also be calculated.

In patients with normal renal function, conventional doses of 12 to 15 mg/kg are often used daily or 5 times weekly; high dose therapy of 22 to 25 mg/kg should be used 2 to 3 times weekly.

Streptomycin is renally cleared. Renal dysfunction may result in elevated streptomycin concentrations and this drug should be used cautiously in these patients. Carefully monitor audiogram and BUN, creatinine, magnesium, potassium, and calcium concentrations at least once monthly.

Samples drawn more than 2 hours after the usual peak will be lower than the ranges listed above.

If the time of the dose and the blood draw were not accurately recorded, accurate interpretation of the concentration is not possible.

For additional information, including test methodology, please contact the laboratory.

The performance characteristics for this test have been validated by Advanced Diagnostic Laboratories at National Jewish Health. It has not been cleared or approved by the US Food and Drug Administration.

The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA 88) as qualified to perform high complexity clinical laboratory testing.  
 Performed By: National Jewish Center, Advanced Diag  
 1400 Jackson St  
 Denver, CO 80206

Streptomycin - Specimen

See Note

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Denver, CO 80206

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Antimicrobial Level - Streptomycin S/P	23-292-402762	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Streptomycin - Comment	23-292-402762	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Streptomycin - Specimen	23-292-402762	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

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