



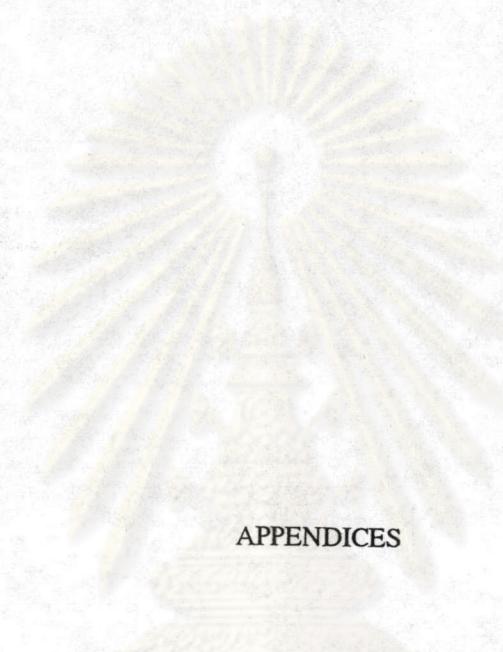
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APPENDICES

คุณย์วิทยทรัพยากร จุฬาลงกรณ์มหาวิทยาลัย

APPENDIX A

TEST PRODUCTS

Table 28 Test Products

Brand name	Manufacturer	Batch No.	Mfg. Date	Exp. Date
Cef-3	Siam Pharmaceuticals	3COXG 066	13-7-94	13-7-97
Rocephin	Roche	1634	02-94	02-97
Tricephin	Atlantic	93329	9-9-93	9-9-96

APPENDIX B

REAGENT PREPARATIONS

1. pH 7.0 Buffer

Dissolve 13.6 g. of dibasic potassium phosphate and 4.0 g. of monobasic potassium phosphate in water to make a 1000 ml solution. Adjust to pH 7.0 ± 0.1 with ortho-phosphoric acid or 10 N potassium hydroxide.

2. Stock Solution

Stock solutions of ceftriaxone and ciprofloxacin (1 mg/ml) were prepared in triply distilled water. They were stored at -20°C without degradation for 12 months (Demotes - Mainard et al., 1988).

3. Internal Standard

Dissolve 770 mg. of ammonium acetate in a 100 ml volumetric flask, add to volume with water. Adjust to pH 5.0 ± 0.1 with acetic acid. Pipette 8 ml of ciprofloxacin stock solution and place in a 100 ml volumetric flask, adjust with 0.1 M ammonium acetate buffer pH 5.0 to volume.

4. Mobile Phase for In Vivo Studies

Pipette 4 ml of triethylamine and transfer into 750 ml of triply distilled water, adjust to pH 3.0 ± 0.1 with ortho-phosphoric acid. Mix with 250 ml methanol, filter and degass before use.

APPENDIX C

CALIBRATION CURVE DETERMINATION

The typical calibration curves data for ceftriaxone concentrations in mobile phase (pH 7.0+0.1) and human plasma are represented in Tables 29, 30 and Figures 17, 18, respectively.

Table 29 Typical calibration curve data for ceftriaxone concentrations in mobile phase (pH 7.0 \pm 0.1) for stability tests. Estimated using linear regression^a

Standard No.	Concentration n ($\mu\text{g/ml}$)	Peak Area	Inversely ^b Estimated Concentration ($\mu\text{g/ml}$)	% Theory ^c
1	5	23786	4.8601	92.20
2	10	47442	9.8638	98.64
3	20	94264	19.8053	99.03
4	40	191005	40.3458	100.86
5	80	379532	80.3758	100.47
6	120	565582	119.8779	99.90
7	160	754110	159.9071	99.94
8	240	1131165	239.9653	99.99
			Mean	99.50
			S.D.	1.17
			% C.V. ^d	1.18

a. $r^2 = 0.999$, $y = 4709.76 x + 985.91$

b. Inversely Estimated Concentration = Peak area - 985.91

4709.76

c. % Theory = Inversely Estimated Concentration $\times 100$

Known Concentration

d. % C.V. = S.D. $\times 100$

Mean

CALIBRATION CURVE OF CEFTRIAXONE

In Mobile Phase

peak area

($\times 10^4$)

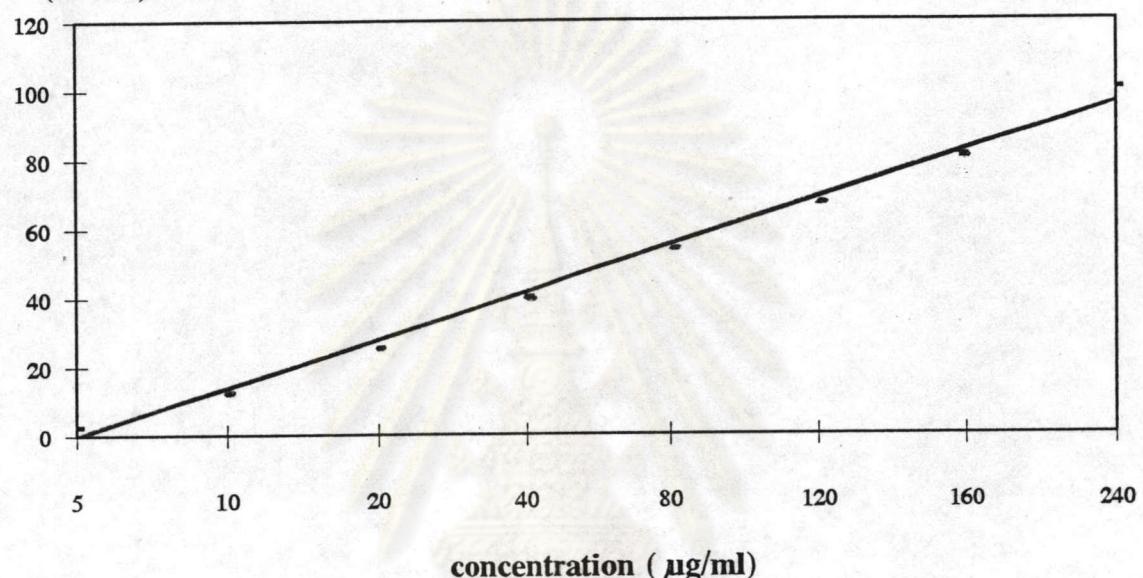


Figure 17 Calibration curve of ceftriaxone in mobile phase (pH 7.0+0.1)

Table 30 Typical calibration curve data for ceftriaxone concentrations in human plasma.
Estimated using linear regression^a

Standard No.	Concentration (µg/ml)	Peak Height Ratio	Inversely ^c Estimated Concentration (µg/ml)	% Theory ^c
1	5	0.0581	4.9556	99.11
2	10	0.1235	9.8000	98.00
3	20	0.2773	21.1926	105.96
4	40	0.5332	40.1481	100.37
5	80	1.0394	77.6444	97.06
6	120	1.6624	123.7926	103.16
7	160	2.0773	154.5259	96.58
8	240	3.2507	241.4444	100.60
			Mean	100.11
			S.D.	3.19
			% C.V. ^d	3.18

a. $r^2 = 0.999$, $y = 0.0135 x - 0.0088$

b. Inversely Estimated Concentration = Peak Height Ratio + 0.0088

0.0135

c. % Theory = Inversely Estimated Concentration x 100

Known Concentration

d. % C.V. = S.D. x 100

Mean

CALIBRATION CURVE OF CEFTRIAXONE In Human Plasma

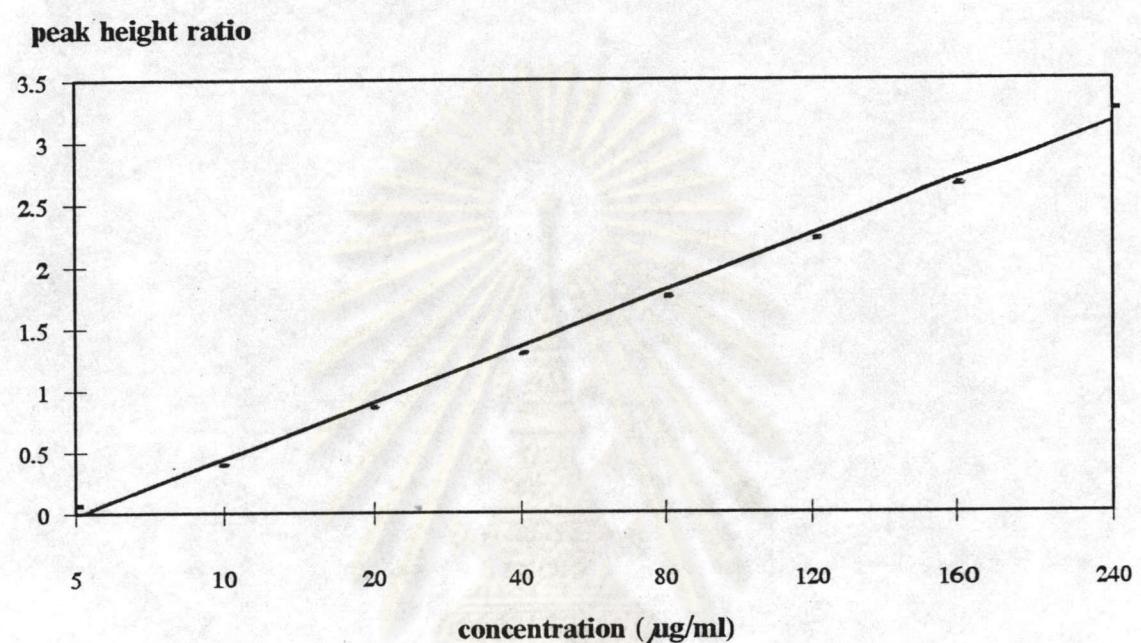


Figure 18 Calibration curve of ceftriaxone in human plasma

APPENDIX D

SUBJECTS

Table 31 Demographic Data

Subject No.	Age (yr.)	Weight (Kg)	Height (cm).
1	56	100	178
2	33	60	170
3	29	55	161
4	24	52	161
5	29	68	173
6	29	63	170
7	24	45	162
8	33	69	168
9	23	51	156
10	45	73	172
11	32	52	160
12	31	55	165
Mean	32.33	61.92	166.33
S.D.	9.45	14.66	6.51

Table 32 Biochemical laboratory results

Clinical Test	Normal Range	Subject Number											
		1	2	3	4	5	6	7	8	9	10	11	12
AP	20-90 U/L	62	44	43	68	72	56	38	45	61	49	43	42
ASAT	14-33 U/L	24	33	19	18	31	27	16	24	26	15	20	15
ALAT	6-36 U/L	35	33	10	21	10	24	9	22	12	20	17	10
Urea	2.4-6.1 mmol/L	4.8	4.1	5.9	5.0	4.4	3.6	5.0	4.1	4.3	5.0	4.3	3.6
Cr.	53-115 μ mol/L	88	98	99	112	99	78	105	113	93	93	97	87
Total - Bilirubin	3.4-17.1 μ mol/L	8.0	17.3	16.3	15.2	12.0	14.1	13.6	10.1	10.8	3.6	6.8	12.3
Direct - Bilirubin	0.0-3.4 μ mol/L	1.0	1.1	2.4	4.0	2.5	2.4	2.1	1.1	1.9	0.1	0.6	2.2
Urea/Cr.	47-56	54.5	41.8	53.6	41.0	44.4	46.2	47.6	36.3	46.2	53.8	44.3	41.4
Indirect - Bilirubin	2-12 μ mol/L	7.0	10.2	10.9	11.2	11.7	7.7	11.5	9.0	8.9	3.5	6.2	10.1

AP = Alkaline Phosphatase

ASAT = Aspartate Aminotransferase

ALAT = Alanine Aminotransferase

Cr. = Creatinine

Table 33 Biochemical laboratory results

Clinical Test	Normal Range	Subject Number											
		1	2	3	4	5	6	7	8	9	10	11	12
Neutrophils	50-70%	47	40	33	39	64	46	57	42	54	61	43	47
Lymphocytes	20-40%	33	32	39	41	20	41	34	41	35	32	30	35
Monocytes	0-7%	5	5	6	8	1	7	5	6	4	5	3	4
Eosinophils	0-5%	4	2	3	2	4	5	3	3	4	2	4	4
Basophils	0-1%	1	1	1	1	1	1	1	1	1	1	1	1
Hgb	14.0-18.0 g/dl	14.0	17.4	15.1	14.6	16.3	14.2	16.5	12.7	15.3	14.1	15.2	16.4
Hct	39-49%	43.5	54.7	45.8	45.3	49.0	48.3	53.1	39.7	44.0	45.2	45.3	53.0
WBC	3.2-9.8x10 ³ /μl	9.3	7.7	7.2	9.6	8.7	9.2	6.5	7.4	8.5	9.7	7.7	7.5
RBC	4.3-5.9x10 ⁶ /μl	5.3	5.8	5.0	5.5	5.9	5.1	5.7	4.7	4.8	5.3	5.0	5.6
MCV	80-94 fl	81.6	93.6	92.1	83.1	82.5	94.3	93.1	84.4	91.2	85.1	90.3	94.7
MCH	27-31 pg	26.3	29.8	30.4	26.9	27.3	27.7	29.0	26.9	31.7	26.5	30.3	29.3
MCHC	33-37 g/dl	32.2	31.8	33.0	32.4	33.1	29.4	31.2	31.9	34.8	31.1	33.5	30.9
PLT	150-350x10 ³ /μl	297	240	212	457	251	249	204	267	355	216	225	254
ABO group		O	B	B	O	B	A	B	O	A	A	B	B

Hgb = Hemoglobin

Hct = Hematocrit

WBC = White Blood Cell

RBC = Red Blood Cell

MCV = Mean Corpuscular Volume

MCH = Mean Corpuscular Hemoglobin

MCHC = Mean Corpuscular Hemoglobin Concentration

PLT = Platelet

ABO = Blood Group

APPENDIX E

COMPARTMENTAL ANALYSIS

The PCNONLIN computer program output used for analyzing data was shown in Figure 19

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Figure 19 PCNONLIN computer program output

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PCNONLIN NONLINEAR ESTIMATION PROGRAM V01-E

**** COPYRIGHT 1984,1985 ****
FOR INFORMATION CONTACT- STATISTICAL CONSULTANTS INC.
1-606-252-3890

LISTING OF INPUT COMMANDS

model 3, 'nlin.lib'
MODEL 3
REMARK ONE COMPARTMENT MODEL - FIRST ORDER INPUT AND OUTPUT
REMA
REMA NO. PARAMETER CONSTANT SECONDARY PARM.
REMA ---- -----
REMA 1 VOLUME DOSE AUC
REMA 2 K01 K01 HALF LIFE
REMA 3 K10 K10 HALF LIFE
REMA 4 TMAX
REMA 5 CMAX
REMA*****
REMA I-----I
REMA I-----I
REMA K01 --> I COMPARTMENT 1 I ---> K10
REMA I-----I
REMA I-----I
REMA*****
COMM
NPARM 3
NCON 1
NSEC 5
PNAMES 'VOLUME', 'K01', 'K10'
S NAMES 'AUC', 'K01-HL', 'K10-HL', 'TMAX', 'CMAX'
END
TEMP
D=CON(1)
V=P(1)
K01=P(2)
K10=P(3)
T=X
END
FUNC1
COEF=D*K01/(V*(K01-K10))
F=COEF*(DEXP(-K10*T)-DEXP(-K01*T))
END
SECO
S(1)=D/V/K10
S(2)=-DLOG(.5)/K01
S(3)=-DLOG(.5)/K10
TMAX=(DLOG(K01/K10)/(K01-K10))
S(4)=TMAX
S(5)=(D/V)*DEXP(-K10*TMAX)
END
EOM
cons 1000
init 3.8572, 0.2871, 0.2042
nobs 10
data
begin

```

PCNONLIN NONLINEAR ESTIMATION PROGRAM

PARAMETER	ESTIMATE	STANDARD ERROR	95% CONFIDENCE LIMITS	
VOLUME	7.458210	1.219214	4.575203	10.341216 UNIVARIAT
			2.928995	11.987424 PLANAR
K01	1.904070	.847905	-.100921	3.909062 UNIVARIAT
			-1.245780	5.053920 PLANAR
K10	.102920	.040427	.007324	.198515 UNIVARIAT
			-.047262	.253101 PLANAR
AUC	1302.769319	368.525011		
K01-HL	.364034	.161947		
K10-HL	6.734845	2.642824		
TMAX	1.619965	.437523		
CMAX	113.489892	11.215020		

APPENDIX F

STATISTICS

1. Mean (\bar{x})

$$\bar{x} = \frac{\sum x}{N}$$

2. Standard deviation

$$S.D. = \sqrt{\frac{\sum(x-\bar{x})^2}{N-1}}$$

3. Standard error of mean (S.E.M.)

$$S.E.M. = \frac{S.D.}{\sqrt{N}}$$

4. Testing the difference among treatment means

Completely randomized design

Treatments			Total	Mean
1	2	3.....k		
X_{11}	X_{12}	$X_{13}.....X_{1k}$	T_1	X_1
X_{21}	X_{22}	$X_{23}.....X_{2k}$	T_2	X_2
.....
X_{n1}	X_{n2}	$X_{n3}.....X_{nk}$	T_n	X_n
Total	T_1	T_2	$T_3.....T_k$	T
Mean	X_1	X_2	$X_3.....X_k$	

where T = Total of all observations
 X = Overall mean
 k = Number of treatments
 n = Number of sampling units in each treatment
 $\mu_1, \mu_2, \mu_3, \dots, \mu_k$ = Population mean

The null hypothesis $H_0 : \mu_1 = \mu_2 = \dots = \mu_k$

The alternative hypothesis $H_a : \mu_1 \neq \mu_2 \neq \dots \neq \mu_k$

Analysis of variance (ANOVA) for testing differences among treatment mean

Source of variation	d.f.	SS	MS	F
Among group	$k - 1$	SS_{among}	MS_{among}	F_T
Within group	$\sum n - k$	SS_{within}	MS_{within}	
Total	$\sum n - 1$	SS_{total}		

where : d.f. = Degree of freedom
 SS = Sum of Square
 MS = Mean Square
 F_T = Variance ratio

Sum of Squares :

1. Complete a correction term (C.T.)

$$C.T. = \frac{T^2}{\sum n}$$

2. Total sum of square (SS_{total})

$$k \cdot n$$

$$SS_{\text{total}} = \sum_{I=1}^{k-1} \sum_{j=1}^n (\sum X_{ij}^2) - C.T.$$

3. The among group sum of squares (SS_{among})

$$SS_{\text{among}} = \sum_{i=1}^k (\bar{T}_i^2) - C.T.$$

4. The within group sum of squares (SS_{within})

$$SS_{\text{within}} = SS_{\text{total}} - SS_{\text{among}}$$

$$\text{Mean squares} = \frac{\text{Sum of squares}}{\text{Degree of freedom}}$$

$$\text{Variance ratio} = \frac{\text{Among group mean squares}}{\text{Within group mean squares}}$$

F has $(k-1), (\sum n_i - k)$ degree of freedom

If F value calculated is less than $F_{0.05}$, the null hypothesis is accepted and the alternative hypothesis is rejected. If F value is greater than $F_{0.05}$, the alternative hypothesis stands which shows that there are significant differences among treatment means ($p < 0.05$).

5. Testing the difference of two means

If the result of the difference testing among treatment means by analysis of variance is significance ($p < 0.05$), the testing of difference between the mean of the reference treatment and the each other treatment mean is performed by Least Significant Different (L.S.D.)

$X_1 - X_2 = \text{difference of the two means}$

$t_{0.05}$ has $(\sum n - k)$ degree of freedom

L.S.D. = $t_{0.05} \times S_d$

where $S_d = \sqrt{2 MS_{(\text{within})}/n}$

If the difference of the two means is greater than L.S.D. calculated, it indicated that there is statistically significant difference of these means ($p < 0.05$).

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VITAE

Miss Orawan Srisakulchai was born on December 17th, 1965 in Bangkok. She received a Bachelor of Science in Pharmacy in 1989 from the Faculty of Pharmaceutical Sciences, Chulalongkorn University. She is a pharmacist in Department of Health, The Bangkok Metropolitan Administration, Bangkok, Thailand.

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