

CONFIDENTIAL

Add-On Test Form
TOLL FREE FAX: (877) 816-4019

This information is intended for the recipient only. Please destroy if received in error and notify the sender. Recipient secures this information in accordance with HIPAA regulations.

(Please Print)

Ordering Lab/ Physician Office Phone Number Contact Person

Patient Name (last, first) Patient / Accession ID # Date of Birth Original Order Date

Clinical Diagnosis / ICD-9 Code: _____

Please check Prometheus test to be performed

- PROMETHEUS[®] IBD sgi Diagnostic[™]**
- PROMETHEUS[®] Crohn's Prognostic**
- PROMETHEUS[®] TPMT Genetics**
- PROMETHEUS[®] TPMT Enzyme**
- PROMETHEUS[®] Thiopurine Metabolites**
 Current Drug _____
 Current Dose _____mg/day
- PROMETHEUS[®] Celiac PLUS (serology and HLA DQ2/DQ8)**
- PROMETHEUS[®] Celiac Genetics (HLA DQ2/DQ8)**
- PROMETHEUS[®] Celiac Serology**
- PROMETHEUS[®] FIBRO[®]Spect[®] II**
- PROMETHEUS[®] Serum Infliximab/ HACA Measurement**
- PROMETHEUS[®] Serum Infliximab Level (Only)**
- PROMETHEUS[®] LactoTYPE[®]**

Use this form to request additional testing for specimens already in-house.

Note: Add-on testing may require additional authorization from a referral laboratory and is contingent upon specimen volume and sample stability.

Assays and methods within these tests may be covered by one or more US pending or issued patents. For details please visit www.prometheuslabs.com. PROMETHEUS, the Link Design, LactoTYPE, FIBRO[®]Spect, and IBD sgi Diagnostic are trademarks or registered trademarks of Prometheus Laboratories Inc.