PROMETHEUS®
Therapeutics & Diagnostics
For the person in every patient®
A Nestlé Health Science Company

TEST REQUISITION

PLEASE PRINT

SAMPLE COLLECTION INFORMATION

DATE COLLECTED (required):

TIME COLLECTED:

PATIENT ID#:

SENDER SAMPLE ID#:

MEDICARE ONLY - HOSPITAL STATUS WHEN SAMPLE WAS COLLECTED:
☐ Hospital inpatient ☐ Hospital outpatient ☐ Non-hospital patient

LABORATORY/OTHER NAME/ADDRESS:

PHONE #: FAX #:

CONTACT:

RESULTS: ☐ Mail ☐ Fax ☐ No results to lab

PATIENT INFORMATION (REQUIRED)

LAST NAME:

FIRST NAME: MI:

ADDRESS: APT. #:

CITY: STATE: ZIP:

HOME PHONE #:

OTHER PHONE #:

DOB: SEX: ☐ M ☐ F SSN:

ACKNOWLEDGMENT OF INFORMED CONSENT FOR GENETIC TESTING

My signature below indicates that I have read and understand the genetic consent requirement for my patient on the back page and acknowledge that I have obtained the appropriate consent.

Provider signature: _____ Date: _____

BILLING INFORMATION (REQUIRED)

BILL: ☐ Provider account ☐ Insurance ☐ Laboratory ☐ Patient

☐ **Medicare**: We will submit claims to Medicare for most of our services, but only for patients who are neither hospital inpatients nor hospital outpatients, for whom the hospital must submit a claim.

I certify that the ordered test(s) is/are reasonable and medically necessary for the diagnosis, care, and treatment of this patient's condition.

ORDERING PROVIDER'S SIGNATURE: DATE:

PRINT NAME: _____

PRIMARY INSURANCE: As a courtesy, we will bill your insurance. Please attach a copy (front and back) of insurance card(s) and complete all information below. **NOTE: Parent or guardian information is required if patient is a minor. Parent or guardian is responsible for payment.**

NAME OF PARENT OR GUARDIAN (IF PATIENT IS UNDER 18 YEARS OF AGE):

INSURANCE CARRIER: POLICY #:

GROUP NAME: GROUP #:

ADDRESS:

CITY: STATE: ZIP:

PHONE #: FAX #:

POLICYHOLDER NAME:

POLICYHOLDER ID# (SSN):

POLICYHOLDER DOB: RELATION TO PATIENT:

POLICYHOLDER PHONE #:

SECONDARY INSURANCE: Attach a copy (front and back) of the secondary insurance card. Provide the insurance name, policy number and group name, billing address and phone, policyholder name, ID#, date of birth, relation to patient, and phone number.

PREAUTH/REFERENCE #: _____

PROVIDER/ACCOUNT INFORMATION

ACCOUNT NAME/ADDRESS:

PHONE #: FAX #:

PROVIDER/NPI #:

ICD CODE(S) (required):

CLINICAL DIAGNOSIS:

PROMETHEUS TESTING ONLY. NO SUBSTITUTIONS.†

SELECT THE APPROPRIATE TEST TO BE PERFORMED

CHECK BOX ON LEFT NEXT TO TEST BEING ORDERED.
SPECIMEN COLLECTION REQUIREMENTS ON BACK.

IBD

☐ PROMETHEUS® **IBD sgi Diagnostic®** - #1800*
Requires EDTA/Lavender-Top Tube and Serum Tube

Add-on options—if IBD sgi Diagnostic indicates Crohn's disease
(By selecting ADD options below, you are ordering PROMETHEUS IBD sgi and a conditional add-on test order.)

☐ **ADD** PROMETHEUS® **Crohn's Prognostic** - #2001*

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CELIAC

☐ PROMETHEUS® **Celiac PLUS** - #6360*

☐ PROMETHEUS® **Celiac Genetics** - #6260 (Genetics only)*

☐ PROMETHEUS® **Celiac Serology** - #1155 (Serology only)

Includes the following:
☐ Tissue transglutaminase (tTG) IgA recombinant antigen - #1405
☐ Anti-endomysial (EMA) IgA - #1505 ☐ Total serum IgA - #1605
☐ DGP IgA - #1255 ☐ DGP IgG - #1355

THIOPURINE MGMT

☐ PROMETHEUS® **TPMT Genetics** - #3300*

☐ PROMETHEUS® **TPMT Enzyme** - #3320

☐ PROMETHEUS® **Thiopurine Metabolites** - #3200
Current therapeutic:
☐ 6-MP_____mg/day ☐ AZA_____mg/day ☐ Other _____mg/day

LIVER

☐ PROMETHEUS® **FIBRO*Spect*® HCV** - #4000 **New**
Assessment of liver fibrosis severity for HCV patients

☐ PROMETHEUS® **FIBRO*Spect*® NASH** - #4100 **New**
Assessment of liver fibrosis severity for NASH patients

ADD'L TESTS

☐ PROMETHEUS® **Lacto*TYPE*®** - #6100*

☐ Other Prometheus test(s): _____

***ACKNOWLEDGMENT OF INFORMED GENETIC CONSENT.**

†By using this Prometheus test requisition, you are specifically requesting that your patient's specimen be sent to Prometheus for testing and asking that no alternative test be performed.

9410 Carroll Park Drive, San Diego, CA 92121 • www.prometheuslabs.com
• Toll-Free: 888.423.5227 • Phone: 858.824.0895 • Fax: 877.816.4019

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SPECIMEN COLLECTION AND HANDLING PROCEDURES

Test Ordered (Turnaround Time From Date of Receipt)*	Specimen Requirements	Recommended Specimen Volume**	Specimen Storage/Stability***	Transportation Kit Requirement
PROMETHEUS® IBD sgi Diagnostic® (3-4 days)	SERUM **AND** WHOLE BLOOD in Serum Separator or Red-Top Tube **AND** EDTA/Lavender-Top Tube	2.0 mL serum **AND** 2.0 mL whole blood	Room temp: 7 days Refrigerated: 21 days	Refrigerated preferred, ship with cold pack
PROMETHEUS® Crohn's Prognostic (4-7 days)	SERUM **AND** WHOLE BLOOD in Serum Separator or Red-Top Tube **AND** EDTA/Lavender-Top Tube	2.0 mL serum **AND** 2.0 mL whole blood	Room temp: 7 days Refrigerated: 7 days	Ambient or cold pack acceptable
PROMETHEUS® Celiac PLUS (PROMETHEUS Celiac Genetics and PROMETHEUS Celiac Serology) **(3 days)**	SERUM **AND** WHOLE BLOOD in Serum Separator or Red-Top Tube **AND** EDTA/Lavender-Top Tube	2.0 mL serum **AND** 2.0 mL whole blood	Room temp: 7 days Refrigerated: 30 days	Ambient or cold pack acceptable
PROMETHEUS® Celiac Genetics (2-3 days)	WHOLE BLOOD in EDTA/ Lavender-Top Tube	2.0 mL whole blood	Room temp: 7 days Refrigerated: 30 days	Ambient or cold pack acceptable
PROMETHEUS® Celiac Serology (2-3 days)	SERUM in Serum Separator or Red-Top Tube	2.0 mL serum (0.5 mL for Peds)	Room temp: 7 days Refrigerated: 30 days	Ambient or cold pack acceptable
PROMETHEUS® TPMT Genetics (2 days)	WHOLE BLOOD in EDTA/ Lavender-Top Tube	2.0 mL whole blood	Room temp: 10 days Refrigerated: 30 days	Ambient or cold pack acceptable
PROMETHEUS® TPMT Enzyme (3 days)	WHOLE BLOOD in EDTA/ Lavender-Top Tube	5.0 mL whole blood	Room temp: 24 hours Refrigerated: 8 days	Refrigerated preferred, ship with cold pack
PROMETHEUS® Thiopurine Metabolites (3 days)	WHOLE BLOOD in EDTA/ Lavender-Top Tube	5.0 mL whole blood	Room temp: 3 days Refrigerated: 8 days	Refrigerated preferred, ship with cold pack
PROMETHEUS® FIBRO*Spect*® HCV PROMETHEUS® FIBRO*Spect*® NASH (4 days)	SERUM in Serum Separator or Red-Top Tube	2.0 mL serum (0.5 mL for peds)	Room temp: 7 days Refrigerated: 30 days	Ambient or cold pack acceptable
PROMETHEUS® Lacto*TYPE*® (7 days)	WHOLE BLOOD in EDTA/ Lavender-Top Tube	2.0 mL whole blood	Room temp: 10 days Refrigerated: 30 days	Ambient or cold pack acceptable

*Business days.
**Note: Minimum specimen volume for genetic testing may vary with the white blood cell count.
***Frozen stability data may be available. Contact Client Services if detailed information is needed.

Specimens should be labeled with 2 identifiers and date of collection. Examples of acceptable identifiers include, but are not limited to patient name, date of birth, hospital number, requisition, accession, or unique random number. Unlabeled specimens <u>will not</u> be accepted for testing.

SHIPPING INSTRUCTIONS: Prometheus has an agreement with FedEx Express® for priority overnight delivery service within the United States and Canada. Please call FedEx to schedule a pickup at 1-800-GoFedEx (463-3339). FedEx will pick up your specimens and ship them to Prometheus Laboratories Inc. in San Diego at no expense to you. Prometheus will provide specimen transportation kits upon request.

NOTE: Multiple specimens may be shipped in a single transportation kit.

For more information, call Client Services at 888-423-5227 or go to www.prometheuslabs.com.

ACKNOWLEDGMENT OF INFORMED CONSENT FOR GENETIC TESTING

I warrant that this test was ordered and that I have obtained the appropriate prior written consent. This written consent was signed by the person who is the subject of the test (or if that person lacks capacity to consent, signed by the person authorized to consent for that person) and includes the following (unless certain of the following information is not required by the state in which I practice):

1. a statement that the purpose of this test is to determine if the patient may have a variant in the gene(s) being tested, which has been found to be associated with this condition;
2. a statement that this test will only test for this specific condition and will not detect ALL possible variants within this gene, nor will it detect variants in other genes;
3. a statement that prior to signing the written consent a qualified medical professional discussed with the patient the genetic test ordered and described the steps involved in the test, the constraints of the procedure, and its accuracy;
4. a statement that the patient was advised by a qualified medical professional of the risks and benefits of genetic testing and advised of the significance of a positive and a negative test result;
5. a statement that the patient understands that a positive test result is an indication that the patient may be predisposed to, or have, the condition listed above;
6. a statement that, if the results are positive, the patient understands that he/she may wish to consider further independent testing, consult his/her provider, or pursue genetic counseling;
7. a statement that the patient understands that the test may fail, that the results may be noninformative or not predictive for his/her case, and that these tests may reveal information that is unrelated to their intended purpose;
8. a statement that the patient understands that genetic testing offered at Prometheus is completely voluntary and is used to predict response to specific therapeutics and/ or to provide information to aid in the treatment of gastrointestinal ailments and that no unauthorized testing is performed on the specimens;
9. a statement authorizing Prometheus to report his/her test results directly to the ordering provider;
10. a statement acknowledging that the genetic specimens will be destroyed within 60 days of test completion;
11. a statement that the written consent does not authorize the use or release of any other medical information unrelated to this genetic test; and
12. a statement that the patient understood that he/she could seek professional genetic counseling prior to signing this informed consent and undergoing the testing procedure and received written information identifying a genetic counselor or medical geneticist by his/her treating provider.