



**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)*

<b>Ordering Lab/ Physician</b>	<b>Office Phone Number</b>	<b>Contact Person</b>	
_____	_____	_____	
<b>Patient Name (last, first)</b>	<b>Patient / Accession ID #</b>	<b>Date of Birth</b>	<b>Original Order Date</b>
_____	_____	_____	_____

**Clinical Diagnosis / ICD-10 Code(s):** \_\_\_\_\_

**Please check the Prometheus test to be performed**

- PROMETHEUS<sup>®</sup> IBD sgi Diagnostic<sup>®</sup>**
- PROMETHEUS<sup>®</sup> Crohn's Prognostic**
- PROMETHEUS<sup>®</sup> TPMT Genetics**
- PROMETHEUS<sup>®</sup> TPMT Enzyme**
- PROMETHEUS<sup>®</sup> Thiopurine**
- PROMETHEUS<sup>®</sup> Celiac PLUS (serology and HLA DQ2/DQ8)**
- PROMETHEUS<sup>®</sup> Celiac Genetics (HLA DQ2/DQ8)**
- PROMETHEUS<sup>®</sup> Celiac Serology**
- PROMETHEUS<sup>®</sup> Anser<sup>®</sup> IFX**
- PROMETHEUS<sup>®</sup> Anser<sup>®</sup> ADA**
- PROMETHEUS<sup>®</sup> Anser<sup>®</sup> VDZ**
- PROMETHEUS<sup>®</sup> Anser<sup>®</sup> UST**
- PROMETHEUS<sup>®</sup> FIBROspect<sup>®</sup> HCV**
- PROMETHEUS<sup>®</sup> FIBROspect<sup>®</sup> NASH**
- PROMETHEUS<sup>®</sup> Monitr<sup>™</sup> Crohn's Disease**
- PROMETHEUS<sup>®</sup> IBcause<sup>™</sup>**
- PROMETHEUS<sup>®</sup> 7C4 Diagnostic**
- PROMETHEUS<sup>®</sup> NOD2/CARD15**
- PROMETHEUS<sup>®</sup> LactoTYPE<sup>®</sup>**

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.**