

Test Requisition

INTERNATIONAL



PROMETHEUS®
Therapeutics & Diagnostics

LABORATORY INFORMATION

LABORATORY NAME _____

CONTACT NAME _____

ADDRESS _____ SUITE/OFFICE NO _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

POSTAL CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

PHYSICIAN INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ SUITE/OFFICE NO _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

POSTAL CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

ANSER® TESTS

PRESCRIBING INFORMATION

PRESCRIPTION _____

INFUSION/INJECTION DATE (MONTH/DAY/YEAR) _____ DOSE (MG/KG) _____

FREQUENCY _____ ROUTE OF ADMINISTRATION _____

EVERY _____ WEEKS _____

REASON FOR ORDER _____

LOSS OF RESPONSE	INFUSION/ALLERGIC REACTION	RESTART AFTER DRUG HOLIDAY
RELAPSE	DISEASE MONITORING	SIDE EFFECTS

CHECK THE APPROPRIATE TEST(S) TO BE PERFORMED (SPECIMEN COLLECTION REQUIREMENTS ON BACK)

ANSER® ADA

PROMETHEUS® Anser® ADA - #3170
Simultaneously measures adalimumab (ADA) and antibodies to adalimumab (ATA) levels in serum.

ANSER® IFX

PROMETHEUS® Anser® IFX - #3150
Simultaneously measures **infliximab (IFX)** and antibodies to infliximab (ATI) levels in serum.

Select medication:
REMICADE® (infliximab) **INFLECTRA® (infliximab-dyyb)**

Anser IFX has been validated for use in patients treated with INFLECTRA.

ANSER® UST

PROMETHEUS® Anser® UST - #3190
Simultaneously measures ustekinumab (UST) and antibodies to ustekinumab (ATU) levels in serum.

ANSER® VDZ

PROMETHEUS® Anser® VDZ - #3180
Simultaneously measures vedolizumab (VDZ) and antibodies to vedolizumab (ATV) levels in serum.

SAMPLE COLLECTION INFORMATION

DATE COLLECTED (MONTH/DAY/YEAR) _____

TIME COLLECTED _____

PATIENT ID _____

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ APT. NO _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____

POSTAL CODE _____ COUNTRY _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____ SEX _____

M F

ADDITIONAL TESTS

CHECK THE APPROPRIATE TEST(S) TO BE PERFORMED (SPECIMEN COLLECTION REQUIREMENTS ON BACK)

PROMETHEUS® IBD sgi Diagnostic® - #1800
Includes serology, genetic and inflammation markers to help differentiate IBD vs. non-IBD and Crohn's disease vs. UC

Add-on options-if IBD sgi Diagnostic indicated Crohn's disease (by selecting ADD option below you are ordering PROMETHEUS® IBD sgi Diagnostic® and a conditional add-on test order)

ADD PROMETHEUS® Monitr Crohn's Disease - #7300

ADD PROMETHEUS® Crohn's Prognostic - #2100

PROMETHEUS® Monitr Crohn's Disease - #7300
13 biomarkers to assess mucosal healing in Crohn's disease patients (I acknowledge this patient has Crohn's disease)

Medication _____ Dose _____

Date _____ Frequency _____

PROMETHEUS® Crohn's Prognostic - #2001

PROMETHEUS® 7C4 Diagnostic Test - #8205

IBD

CELIAC

PROMETHEUS® Celiac PLUS - #6360

PROMETHEUS® Celiac Genetics - #6260 (Genetics only)

PROMETHEUS® Celiac Serology - #1155 (Serology only)

THIOPURINE MGMT

PROMETHEUS® TPMT Genetics - #3300

PROMETHEUS® TPMT Enzyme - #3320

PROMETHEUS® Thiopurine Metabolites - #3200
Thiopurine metabolite (6-TGN, 6-MMPN) levels to optimize ongoing dosing of thiopurines to reach and maintain therapeutic goal

Current therapeutic dose:
6-MP mg/day AZA mg/day Other mg/day

LIVER

PROMETHEUS® FIBROSpect® HCV - #4000

Assessment of liver fibrosis severity for HCV patients

PROMETHEUS® FIBROSpect® NASH - #4100

Assessment of liver fibrosis severity for NASH patients

OTHER

PROMETHEUS® LactoTYPE® - #6100

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® - #1800	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	Ambient or cold pack acceptable
PROMETHEUS® Monitr Crohn's Disease - #7300	3 days	SERUM in Serum Separator or Red Top Tube	2.0 mL Serum	Room temp: 7 days Refrigerated: 14 days	Refrigerated - Ship with cold pack
PROMETHEUS® Crohn's Prognostic - #2100	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® 7C4 Diagnostic Test - #8205	3-4 days	SERUM in Serum Separator or Red Top Tube	1.0 mL Serum	Room temp: 3 days Refrigerated: 7 days	Cold pack required
PROMETHEUS® Celiac PLUS - #6360 (PROMETHEUS Celiac Serology and PROMETHEUS Celiac Genetics)	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 - #6260	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 - #1155	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 - #3300	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 - #3320	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 - #3200	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® FIBROSpect® HCV - #4000 PROMETHEUS® FIBROSpect® NASH - #4100	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® LactoTYPE® - #6100	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
PROMETHEUS® Anser®	3 days	SERUM in Serum Separator Tube or Red Top Tube	2.0 mL (0.50 mL for Peds)	Room temp: 7 days Refrigerated: 9 days Do not freeze	Cold pack acceptable but not required

*Business days

**Note: Minimum specimen volume for genetic testing may vary with the WBC count.

***Frozen stability data may be available. Contact Client Services if detailed information is needed.

LABELING

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 will not be accepted for testing.

SHIPPING

Please contact your preferred courier for detailed shipping instructions for your country.

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

**FOR MORE INFORMATION VISIT WWW.PROMETHEUSLABS.COM
OR CONTACT US AT +1 858-322-3360 OR GLOBAL@PROMETHEUSLABS.COM**

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Prometheus diagnostic services provide important information to aid in the diagnosis and management of certain diseases and conditions.

How this information is used to guide patient care is the responsibility of the physician.

Assays and methods within these tests may be covered by one or more US pending or issued patents. For details, please go to www.prometheuslabs.com.



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A Nestlé Health Science Company

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