PROMETHEUS® Anser® ADA   PROMETHEUS® Anser® IFX   PROMETHEUS® Anser® VDZ

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

PROVIDER / ACCOUNT INFORMATION

ACCOUNT NAME / ADDRESS

PHONE FAX

PROVIDER / NPI #

ICD CODES (required)

CLINICAL DIAGNOSIS

REASON FOR ORDER:
☐ Loss of response ☐ Infusion / allergic reaction ☐ Restart after drug holiday
☐ Relapse ☐ Disease monitoring ☐ Side effects

PATIENT INFORMATION (REQUIRED)

LAST NAME

FIRST NAME MI

ADDRESS APT. NO.

CITY STATE ZIP

HOME PHONE # OTHER PHONE #

DOB SEX ☐ M ☐ F SSN

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

Print Name Date

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 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 NUMBER

GROUP NAME GROUP NUMBER

ADDRESS

CITY STATE ZIP

PHONE FAX

POLICYHOLDER NAME

POLICYHOLDER ID# (SSN)

POLICYHOLDER DOB RELATION TO PATIENT

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 #:

TEST REQUESTED
(Specimen Collection Requirements On Back)

ANSER ADA

☐ PROMETHEUS® **Anser® ADA** - #3170

Simultaneously measures **adalimumab (ADA)** and antibodies to adalimumab (ATA) levels in serum.

CURRENT INJECTION DATE: ______/______/______

ADALIMUMAB DOSE: ☐ 40 mg ☐ 80 mg ☐ 160 mg ☐ Other dose: ______ mg

FREQUENCY: ☐ Every week ☐ Every 2 weeks ☐ Every 3 weeks
☐ Other frequency: Every ________ weeks

ANSER IFX

☐ PROMETHEUS® **Anser® IFX** - #3150

Simultaneously measures **infliximab (IFX) / infliximab biosimilar** and antibodies to infliximab (ATI) levels in serum.

SELECT MEDICATION: ☐ **REMICADE® (INFLIXIMAB)** ☐ **INFLIXIMAB BIOSIMILAR**

Anser® IFX has been validated for use in patients treated with infliximab biosimilars.

CURRENT INFUSION DATE: ______/______/______

INFLIXIMAB DOSE: ☐ 5 mg/kg ☐ 10 mg/kg ☐ Other dose: _______ mg/kg

FREQUENCY: ☐ Every 4 weeks ☐ Every 6 weeks ☐ Every 8 weeks
☐ Every 12 weeks ☐ Other frequency: Every ________ weeks

ANSER VDZ

☐ PROMETHEUS® **Anser® VDZ** - #3180

Simultaneously measures **vedolizumab (VDZ)** and antibodies to vedolizumab (ATV) levels in serum.

CURRENT INFUSION DATE: ______/______/______

VEDOLIZUMAB DOSE: ☐ 300 mg ☐ Other dose: ________ mg

FREQUENCY: ☐ Every 2 weeks ☐ Every 4 weeks ☐ Every 6 weeks ☐ Every 8 weeks
☐ Other frequency: Every ________ weeks

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

SPECIMEN COLLECTION AND HANDLING PROCEDURES

Test Ordered (Turnaround Time From Date of Receipt)*	Transportation Kit Requirements	Type of Specimen Required	Tube for Specimen Collection	Recommended Specimen Volume	Storage Conditions	Stability of Specimen
PROMETHEUS® Anser® ADA (3 days)	Cold pack acceptable but not required	SERUM	Serum Separator Tube or Red Top Tube	2.0 mL (0.50 mL for Peds)	Room Temperature or Refrigerate Do not freeze	Serum is stable for 7 days at room temp or 9 days refrigerated
PROMETHEUS® Anser® IFX (3 days)	Cold pack acceptable but not required	SERUM	Serum Separator Tube or Red Top Tube	2.0 mL (0.50 mL for Peds)	Room Temperature or Refrigerate Do not freeze	Serum is stable for 7 days at room temp or 9 days refrigerated
PROMETHEUS® Anser® VDZ (3 days)	Cold pack acceptable but not required	SERUM	Serum Separator Tube or Red Top Tube	2.0 mL (0.50 mL for Peds)	Room Temperature or Refrigerate Do not freeze	Serum is stable for 7 days at room temp or 9 days refrigerated

*Business days

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 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 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: (888) 423-5227 or go to www.prometheuslabs.com

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