PROMETHEUS®
Therapeutics & Diagnostics
For the person in every patient®

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www.prometheuslabs.com

TEST REQUISITION

PLEASE PRINT

Laboratory / Account Information

DATE COLLECTED (required):

TIME COLLECTED:

PATIENT ID#

SENDER SAMPLE ID#

SAMPLE DRAWN AT: ☐ **Hospital (Inpatient/Outpatient)** ☐ **Other**

LABORATORY NAME / ADDRESS

PHONE FAX

CONTACT

RESULTS ☐ Mail ☐ Fax ☐ No results to lab

Patient Information (required)

LAST NAME

FIRST NAME MI

ADDRESS

CITY STATE ZIP

HOME PHONE NUMBER

OTHER PHONE NUMBER

DOB SEX ☐ M ☐ F SSN

Billing Information (required)

BILL: ☐ 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.

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

POLICYHOLDER PHONE

SECONDARY INSURANCE: As a courtesy, you may also submit secondary insurance information. You must provide a copy (front and back) of your secondary insurance card and provide the following information: secondary insurance carrier, policy number, group name and group number, billing address and phone, policyholder name, ID#, date of birth, relation to patient, and phone number.

PREAUTHORIZATION INFORMATION: Enter authorization or referral number(s) for lab services:

Physician / Account Information

ACCOUNT NAME / ADDRESS

PHONE FAX

PHYSICIAN / NPI#

REFERENCE PHYSICIAN / CC FAX

ICD-9 CODES (required)

CLINICAL DIAGNOSIS

CHECK THE APPROPRIATE TEST TO BE PERFORMED

(Specimen collection requirements on back)

IBS

☐ **PROMETHEUS® IBS Diagnostic** - #8000 NEW
Blood-based biomarker test that aids in the diagnosis of IBS
Must be shipped refrigerated
☐ **PROMETHEUS® IBS Diagnostic - #8000 with PROMETHEUS® Celiac Serology - #1105**
☐ **PROMETHEUS® IBS Diagnostic - #8000 with PROMETHEUS® IBD Serology 7 - #1007**

CELIAC

☐ **PROMETHEUS® Celiac PLUS** - #6301
Includes both antibody and genetic tests
• tTg IgA • EMA IgA • Total Serum IgA • AGA IgA • AGA IgG • HLA DQ2/DQ8

☐ **PROMETHEUS® Celiac Genetics** - #6201 (Genetics only)
Celiac genetic assessment HLA DQ2/DQ8

☐ **PROMETHEUS® Celiac Serology** - #1105 (Serology only)
includes the following:
☐ Anti-human tissue transglutaminase (Hu-tTG) IgA recombinant antigen - #1405
☐ Anti-endomysial IgA - #1505 ☐ Total serum IgA - #1605
☐ Anti-gliadin IgA - #1205 ☐ Anti-gliadin IgG - #1305

IBD

☐ **PROMETHEUS® IBD Serology 7** - #1007
• Helps identify IBD and differentiate between UC and CD
• 89% overall diagnostic accuracy
• Includes 7 tests:
ASCA IgA, ASCA IgG, Anti-OmpC IgA, Anti-CBir1, NSNA ELISA, IFA perinuclear pattern, IFA DNase sensitivity
☐ **Add PROMETHEUS® Celiac Serology if PROMETHEUS IBD Serology 7 indicates non-IBD**

THIOPURINE MGMT

☐ **PROMETHEUS® TPMT Genetics** - #3300
Genotype patients for individualized starting dose of thiopurines

☐ **PROMETHEUS® TPMT Enzyme** - #3320
Phenotype patients for individualized starting dose of thiopurines

☐ **PROMETHEUS® Thiopurine Metabolites** - #3200
Thiopurine metabolite (6-TGN, 6-MMPN) levels
Optimize ongoing dosing of thiopurines to reach and maintain therapeutic goal
Current therapeutic: ☐ 6-MP___mg/day ☐ AZA___mg/day ☐ Other___mg/day

ADDITIONAL ASSAYS

☐ **PROMETHEUS® FIBRO*Spect*®*II*** - #4000

☐ **PROMETHEUS® Serum Infliximab/HACA Measurement** - #3130
☐ PROMETHEUS® Serum Infliximab measurement (only) - #3120

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

☐ **PROMETHEUS® NOD2/CARD15** - #6000

☐ **BreathTek™ UBT** - #1202

DOB* Height* Weight*
*Required for patients < 18 years of age.

INFORMED CONSENT FOR GENETIC TESTING REQUESTS (Mandatory for NY)

My doctor has discussed the genetic test ordered and has described the steps involved in the test(s), the constraints of the procedure, and its accuracy. I have been advised of the risk, benefits, and limitations of genetic testing. I understand that the test may fail, that the results may be non-informative or not predictive for my case, and that these tests may reveal information, that is unrelated to their intended purpose.

Physician signature Date

Patient/legal guardian signature Date

Genetic testing offered at Prometheus is used to predict response to specific therapeutics and/or to provide information to aid in the treatment of gastrointestinal ailments. No unauthorized testing is performed on samples. These genetic samples are destroyed within 60 days of test completion. Patients may wish to obtain professional genetic counseling prior to signing the informed consent.

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SPECIMEN COLLECTION AND HANDLING PROCEDURES

The quality of laboratory test results is highly dependent upon proper specimen collection and handling procedures. Listed below are specimen requirements and handling procedures for tests processed by Prometheus Laboratories Inc. **Samples MUST be labeled with patient name and date of collection. Unlabeled specimens will not be accepted for testing.**

Test Ordered	**PROMETHEUS® IBD Serology 7** **PROMETHEUS® Celiac Serology** **PROMETHEUS® Serum Infliximab/HACA Measurement** **PROMETHEUS® FIBRO*Spect*® II**	**PROMETHEUS® Celiac PLUS** (comprehensive panel includes PROMETHEUS Celiac Serology and PROMETHEUS Celiac Genetics)	**PROMETHEUS® TPMT Genetics** **PROMETHEUS® Lacto*TYPE*®** **PROMETHEUS® Celiac Genetics** **PROMETHEUS® NOD2/CARD15**	**PROMETHEUS® Thiopurine Metabolites** **PROMETHEUS® TPMT Enzyme**	**PROMETHEUS® IBS DIAGNOSTIC**	**BreathTek™ UBT**
Transportation Kit Requirements	Cold pack acceptable but not required	Cold pack acceptable but not required	Cold pack acceptable but not required	This blood MUST be kept cool: ship with cold packs only	This blood MUST be kept cool: ship with cold packs only	BreathTek Kit
Type of Specimen Required	SERUM**	SERUM** AND EDTA WHOLE BLOOD Samples must be shipped together in same box	EDTA WHOLE BLOOD	EDTA WHOLE BLOOD	SERUM**	Follow kit instructions
Tube for Specimen Collection	Serum Separator Tube or Red Top Tube	**EDTA/Lavender Top Tube AND** Serum Separator Tube/Red Top Tube	**EDTA/Lavender Top Tube**	**EDTA/Lavender Top Tube**	**Serum Separator Tube (SST) only, spun**	Bags provided in kits FIRMLY secure white cap
Recommended Specimen Volume*	2.0 mL (0.50 mL for Peds)	2.0 mL Serum **AND** 5.0 mL Whole Blood	5.0 mL Whole Blood	5.0 mL Whole Blood	2.0 mL	10 sec breathing per bag
Storage Conditions	Room Temperature or Refrigerate	Room Temperature or Refrigerate	Refrigerate– DO NOT FREEZE SAMPLE	Refrigerate– DO NOT FREEZE SAMPLE	Refrigerate	Room Temperature (15-30˚C)
Stability of Specimen	Serum is stable for 7 days at room temp	Shipment within 7 days of collection and storage at or below room temp is recommended	Shipment within 7 days of collection and storage at or below room temp is recommended	Stable for 7 days refrigerated or maximum 24 hours at room temp	Stable for 7 days refrigerated	7 days at room temp (15-30˚C)
Turnaround Time From Date of Receipt	**PROMETHEUS IBD Serology 7**: 3-4 days **PROMETHEUS Celiac Serology**: 2 days **PROMETHEUS Serum Infliximab/HACA Measurement**: 7 days **PROMETHEUS® FIBRO*Spect*® II** 4 days	3 days	**PROMETHEUS TPMT Genetics**: 1 day **PROMETHEUS Lacto*TYPE***: 7 days **PROMETHEUS Celiac Genetics**: 3 days **PROMETHEUS NOD2/CARD15**: 7 days	3 days	7 days	1 day

*Note: Minimum specimen volume for genetic testing may vary with the WBC count.
**Serum: Internal studies have shown that one freeze-thaw cycle does not affect results; however, multiple freeze-thaw cycles are not recommended.

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: UP TO THREE individual samples may be shipped in a single transportation kit.

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