



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:

BreathTek™ UBT is a trademark of Meretek Diagnostics Inc.
PROMETHEUS, the Link Design, For the person in every patient, FIBROSpect and LactoTYPE are trademarks or registered trademarks of Prometheus Laboratories Inc.
©2008 Prometheus Laboratories Inc. All rights reserved. DX08035 04/08
PROMETHEUS products, services, and technology are covered by one or more US patents and patents pending. For more information, see www.prometheuslabs.com

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	<input type="checkbox"/> PROMETHEUS® IBS Diagnostic - #8000 Blood-based biomarker test that aids in the diagnosis of IBS Must be shipped refrigerated	
	<input type="checkbox"/> PROMETHEUS® IBS Diagnostic - #8000 with PROMETHEUS® Celiac Serology - #1105 <input type="checkbox"/> PROMETHEUS® IBS Diagnostic - #8000 with PROMETHEUS® IBD Serology 7 - #1007	
CELIAC	<input type="checkbox"/> PROMETHEUS® Celiac PLUS - #6301 Includes both antibody and genetic tests • tTg IgA • EMA IgA • Total Serum IgA • AGA IgA • AGA IgG • HLA DQ2/DQ8	
	<input type="checkbox"/> PROMETHEUS® Celiac Genetics - #6201 (Genetics only) Celiac genetic assessment HLA DQ2/DQ8 <input type="checkbox"/> PROMETHEUS® Celiac Serology - #1105 (Serology only) includes the following: <input type="checkbox"/> Anti-human tissue transglutaminase (Hu-tTG) IgA recombinant antigen - #1405 <input type="checkbox"/> Anti-endomysial IgA - #1505 <input type="checkbox"/> Total serum IgA - #1605 <input type="checkbox"/> Anti-gliadin IgA - #1205 <input type="checkbox"/> Anti-gliadin IgG - #1305	
IBD	<input type="checkbox"/> 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 <input type="checkbox"/> Add PROMETHEUS® Celiac Serology if PROMETHEUS IBD Serology 7 indicates non-IBD	
	<input type="checkbox"/> PROMETHEUS® TPMT Genetics - #3300 Genotype patients for individualized starting dose of thiopurines <input type="checkbox"/> PROMETHEUS® TPMT Enzyme - #3320 Phenotype patients for individualized starting dose of thiopurines <input type="checkbox"/> PROMETHEUS® Thiopurine Metabolites - #3200 Thiopurine metabolite (6-TGN, 6-MMPN) levels Optimize ongoing dosing of thiopurines to reach and maintain therapeutic goal Current therapeutic: <input type="checkbox"/> 6-MP ___mg/day <input type="checkbox"/> AZA ___mg/day <input type="checkbox"/> Other ___mg/day	
ADDITIONAL ASSAYS	<input type="checkbox"/> PROMETHEUS® FIBROSpect®II - #4000	
	<input type="checkbox"/> PROMETHEUS® Serum Infliximab/HACA Measurement - #3130 <input type="checkbox"/> PROMETHEUS® Serum Infliximab measurement (only) - #3120	
	<input type="checkbox"/> PROMETHEUS® LactoTYPE® - #6100	
	<input type="checkbox"/> PROMETHEUS® NOD2/CARD15 - #6000	
	<input type="checkbox"/> 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.



PROMETHEUS®
Therapeutics & Diagnostics

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.**

For the person in every patient®

Test Ordered	PROMETHEUS® IBID Serology 7 PROMETHEUS® Celiac Serology PROMETHEUS® Serum Infiximab/HACA Measurement PROMETHEUS® FIBROSpect® II	PROMETHEUS® Celiac PLUS (comprehensive panel includes PROMETHEUS Celiac Serology and PROMETHEUS Celiac Genetics)	PROMETHEUS® TPMT Genetics PROMETHEUS® LactoTYPE® PROMETHEUS® Celiac Genet- ics 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 IBID Serology 7: 3-4 days PROMETHEUS Celiac Serology: 2 days PROMETHEUS Serum Infiximab/HACA Measurement: 7 days PROMETHEUS® FIBROSpect® II: 4 days	3 days	PROMETHEUS TPMT Genetics: 1 day PROMETHEUS LactoTYPE®: 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

©2008 Prometheus Laboratories Inc. All rights reserved.