

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)*

**Ordering Lab/ Physician                      Office Phone Number                      Contact Person**

**Patient Name (last, first)                      Patient / Accession ID #                      Date of Birth                      Original Order Date**

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

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

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

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.**