Prometheus Client Services | 888-423-5227 | 6:00 am - 4:30 pm Pacific Time

	Patient Information							
Last Name:								
First Name:	MI: Sex:□M □F							
DOB (mm/dd/yyyy):	SSN:							
Parent/Guardian (if appli	cable):							
	(REQUIRED if patient is <18 years old at time of sample collection)							
Address:	City:							
State:Zip:	Phone:							
ICD-10 Diagnosis Code(s)								
Primary ICD-10 Code (REQUIRED)	Additional ICD-10 Code(s) (OPTIONAL)							
1	2 3 4							
	Billing Information							
	Laboratory Patient/Self-Pay Provider Account							
*Please provide details be	low <u>AND</u> attach a front/back copy of insurance card(s).							
Insurance Carrier:	Policy #:							
	ovider/Account Information							
Account Name/Address:								
Phone:	Fax:							
Ordering Provi	der Selection & Signature (REQUIRED)							
	ordering provider from list below (circle or √). ted, please provide their FULL NAME <u>AND</u> NPI:							
Provider:								
	NPI:							
I certify the ordered test(s) care, and/or treatment of the	is/are reasonable and medically necessary for the diagnosis, ais patient's condition as documented in the medical record.							
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IBD: Inflammatory bowel disease; UC: Ulcerative colitis; CD: Crohn's disease; IV: Intravenous; SC: Subcutaneous; IFX: Infliximab; ATI: Antibodies-to-IFX; ADA: Adalimumab; ATA: Antibodies-to-ADA; UST: Ustekinumab; ATU: Antibodies-to-UST; VDZ: Vedolizumab; ATV: Antibodies-to-VDZ

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Last Imus		verious (iv	Interval	1		Other:
(mm/dd/y Total Dose			(weeks) Weight	1	10 U0	□Other.
e.g. 485 r		mg				
Predicts A serum AD Sample co	CtrpK® ADA N DA levels with alte A, ATA and albun Illection: Anytime v Current Subcut on (mm/dd/yyyy)	ernative dos nin in SC AI vithin the injurance caneous (S	ing; calculat DA-treated ection interv	es ADA (IBD pati val after ≥	ents ≥12 : 8 weeks (years old. of ADA thera D) *
		4 0	□80	□ 7 [□ 14 □	Other:
Predicts VI and measu Sample co	ctrPK® VDZ M DZ trough levels w res serum VDZ, AT' ollection: ≤3 days	ith current & V and album prior to wee	alternative iin in IV VDZ- ek 14 or, afte	dosing; c treated le er ≥14 we	BD patien eeks of I\	its≥18 years c √ VDZ thera
	20 days after any r					

any time 220 days area any maintenance imasion, ap to and including at trough.							
Current Intravenous (IV) VDZ Dosing (REQUIRED)*							
Last Infusion (mm/dd/yyyy)	Dose (mg)	Interval (weeks)					
	300	□4 □6 □8 □Other:					

☐ PredictrPK® UST Maintenance (#3900)

Predicts UST trough levels with current & alternative dosing; calculates UST clearance and measures serum UST, ATU and albumin in SC UST-treated IBD patients ≥18 years old.

Sample collection: ≤3 days prior to week 16 or, after ≥16 weeks of UST therapy, anytime ≥20 days after any maintenance injection, up to and including at trough.

Current Subcutaneous (SC) UST Dosing (<u>REQUIRED</u>)*								
Last Injection (mm/dd/yyyy)	Dose (mg)	Interval (weeks)						
	90	□4 □6 □8 □Other:						

Miscellaneous	resting

Ш	Ot	her	Pr	ome	the	us Tes	ting

[†]Acknowledgment of informed consent required if genetic testing is indicated above.

⁻ Specimen collection requirements on page 2 -

[†]Acknowledgment of informed consent for genetic testing required. *Failure to provide the required data may result in reporting delay/cancellation.

Specimen Collection and Handling Procedures									
Test Ordered	Turnaround Time ^a	Transport Kit and Storage Conditions	Specimen Type and Volume	Specimen Collection Tube	Specimen Stability				
Anser* ADA, IFX, RZB, UST, VDZ	3 days	Ambient or cold pack <u>Do not freeze</u>	2.0 mL Serum (0.5 mL for Peds)	Serum Separator Tube or Red-Top Tube	Room temp: 14 days Refrigerated: 14 days				
Celiac PLUS†			Serum Separator Tube or Red-Top Tube AND EDTA/Lavender-Top Tube	Room temp: 7 days Refrigerated: 30 days					
Celiac Genetics†	4 days	ays Ambient or cold pack Do not freeze 2.0 mL Whole Blood EDTA/Lave		EDTA/Lavender-Top Tube	Room temp: 7 days Refrigerated: 30 days				
Celiac Serology	4 days	Ambient or cold pack <u>Do not freeze</u>	2.0 mL Serum (0.5 mL for Peds)	Serum Separator Tube or Red-Top Tube	Room temp: 7 days Refrigerated: 30 days				
FIBROSpect® HCV, NASH	7 days	Ambient or cold pack <u>Do not freeze</u>			Room temp: 7 days Refrigerated: 30 days				
IBD sgi Diagnostic®†			Serum Separator Tube or Red-Top Tube AND EDTA/Lavender-Top Tube	Room temp: 7 days Refrigerated: 21 days					
PredictrPK® ADA, IFX			Serum Separator Tube or Red-Top Tube	Room temp: 14 days Refrigerated: 14 days					
PredictrPK® UST, VDZ			Serum Separator Tube or Red-Top Tube	Room temp: 14 days Refrigerated: 14 days					
Respondr TNF®†	4 days	Ambient or cold pack Do not freeze	3.0 mL Whole Blood	EDTA/Lavender-Top Tube	Room temp: 10 days Refrigerated: 30 days				
RiskImmune®	Ambient or cold pack Do not freeze 2.0 mL Whole Blood EDTA/Lavender-Top Tube		EDTA/Lavender-Top Tube	Room temp: 10 days Refrigerated: 30 days					
Thiopurine Metabolites	iopurine Metabolites 3 days Cold pack preferred Do not freeze 5.0 mL Whole		5.0 mL Whole Blood	EDTA/Lavender-Top Tube	Room temp: 24 hours Refrigerated: 8 days				
TPMT Enzyme	3 days	Cold pack preferred <u>Do not freeze</u>	5.0 mL Whole Blood	EDTA/Lavender-Top Tube	Room temp: 24 hours Refrigerated: 8 days				
TPMT Genetics†	TPMT Genetics† 4 days Ambient or cold pack Do not freeze 2.0 mL Whole Blood EDTA/Lavender-Top Tul		EDTA/Lavender-Top Tube	Room temp: 10 days Refrigerated: 30 days					

aBusiness days from date of receipt

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, accession number, or unique random number. Unlabeled specimens will not be accepted for testing.

SHIPPING INSTRUCTIONS: Prometheus has an agreement with FedEx* for express overnight delivery within the United States and Canada. Please call FedEx at 1-800-GoFedEx (463-3339) to schedule a pickup. FedEx will pick up your specimens and ship them to Prometheus Laboratories Inc. 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 at 888-423-5227, or go to prometheuslabs.com.**

Important Ordering Information

Respondr TNF PredictrPK





Respondr TNF and PredictrPK require specific patient and treatment inputs for processing and resulting. You may need to request this data from the infusion center.

Failure to provide the required data, at the time of ordering, may result in reporting delays and/or possible cancellation.

Weight in kg

- · Patient's weight, in kilograms (kg), at the time of sample collection (Respondr TNF) or at the designated infusion (PredictrPK IFX)
- Formula for reference: kg = lbs ÷ 2.2

Total Dose in mg

- Total amount of intravenously administered IFX, in mg (e.g. "485 mg") Note: We CANNOT accept derived dosing such as "5 mg/kg"
- If not all IFX in a vial is given, estimate the total dose given to the nearest 5 mg

Dose 3 Data (PredictrPK IFX Induction)

As sample collection occurs <u>prior</u> to infusion/dose 3, please provide:

- · Scheduled date of infusion 3
- Anticipated total IFX dose, in mg, to be administered
- Estimated patient weight, in kg, at infusion 3

Example orders are provided for illustrative purposes only. Respondr® TNF† (#4200)

Patient Weight at Sample Collection (REQUIRED)*

Weight in kg $(kg = lbs \div 2.2)$ **Note:** Patient must be ≥35 kg at time of sample collection. 67.9

▼ PredictrPK® IFX Maintenance (#3400)

Current Intravenous (IV) IFX Dosing (REQUIRED)*								
Last Infusion (mm/dd/yyyy)	04/09/202	5	Interval (weeks)		4	6	X	3
Total Dose (mg) e.g. 485 mg	400 _m	g	Weight ((kg) ÷ 2.2		78	.2	kg

▼ PredictrPK® IFX Induction (#3500)

IFX Intravenous (IV) Induction Dosing (REQUIRED)*							
	Infusion Date (mm/dd/yyyy)	Total Dose (mg) e.g. 485 mg	Weight (kg) kg = lbs ÷ 2.2				
Dose 1	07/18/2025	250 _{mg}	42.7 kg				
Dose 2	08/01/2025	250 _{mg}	43.1 kg				
Dose 3*	08/29/2025	350 mg	44.2 kg				

REQUIRED ACKNOWLEDGMENT OF INFORMED CONSENT FOR GENETIC TESTING

I warrant that this test was ordered and that I have obtained the appropriate prior written consent. This written consent was signed by the person who is the subject of the test (or if that person lacks capacity to consent, signed by the person authorized to consent for that person) and includes the following (unless certain that the following information is not required by the state in which I practice):

- The purpose of this test is to determine if the patient may have a variant in the gene(s) being tested, which has been found to be associated with this condition. This test will only test for this specific condition and will not detect ALL possible variants within this gene, nor will it detect variants in other genes.
- Prior to my signature of the written consent, a qualified healthcare professional discussed with the patient the genetic test ordered and described the steps involved in the test, the constraints of the procedure, and its accuracy.
- My patient was advised by a qualified healthcare professional of the risks and benefits of genetic testing, and advised of the significance of a positive and negative result.
- The patient understands that a positive test result is an indication that the patient may be predisposed to, or have, the condition listed.
- The patient understands that the test may fail, that the results may be non-informative or not predictive for his/her case, and that the test may reveal information that is unrelated to their intended purpose.
- No unauthorized test is performed on specimens.
- NY-state specimens will be destroyed within 60 days after collection when no longer required for clinical purposes.
- The informed consent does not authorize the use or release of any other identified medical information unrelated to this genetic test.
- 10. The patient understood that he/she could see professional genetic counseling prior to undergoing the testing procedure, and received written information identifying a genetic counselor or medical geneticist by his/her treating provider.

Prometheus tests are laboratory-developed tests that were developed, and analytically and clinically validated by Prometheus Laboratories Inc. under federal Clinical Laboratory Improvement Amendments (CLIA) guidelines, and are performed exclusively in our high complexity CLIA certified and College of American Pathologists accredited clinical laboratory. As laboratory developed tests, they have not been cleared or approved by the US FDA. The tests may be covered by one or more US pending or issued patents - see prometheuslabs. com/patents. Prometheus, Anser, IBD sgi Diagnostic, PredictrPK, RiskImmune, Respondr, FIBROSpect, are trademarks or registered trademarks of Prometheus Laboratories Inc. San Diego, California. All other trademarks or service marks are the property of their respective owners. ©2025 Prometheus Laboratories Inc. All rights reserved.

[†]Acknowledgment of informed consent for genetic testing required.