Anser® IFX
prometheus.com/scifx

CELLTRION USA
CELLTRION

ACCESS PROGRAM
TEST REQUISITION

MISSING INFORMATION COULD RESULT IN TEST CANCELLATION
Please Print Legibly

This requisition form is required to order ANSER® IFX through the Celltrion Testing Access Program.
Other Prometheus Laboratories requisition forms will not be accepted for this program.

1 PROVIDER INFORMATION

Account Name _____

Address _____

Phone _____ Fax _____

Provider Name _____

NPI# _____

Results Delivery Preference ☐ Fax ☐ No results to lab

2 PRESCRIBER ATTESTATIONS

My signature below indicates:

ACKNOWLEDGMENT OF CELLTRION TESTING ACCESS PROGRAM

I am ordering this test through the Celltrion Testing Access Program for an adult IBD patient being considered for or receiving subcutaneous infliximab therapy and I will not seek payment for or accept reimbursement from any third-party payer for this test.

I acknowledge that the patient is NOT covered by any government program such as Medicare, Medicaid, Department of Veterans Affairs, Coast Guard, Public Health Service, Department of Defense or any similar or affiliated program.

PROVIDER SIGNATURE_____ **DATE**_____

3 PATIENT INFORMATION

Last Name _____ First Name _____ DOB _____ Sex ☐ F ☐ M

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

4 ANSER® IFX TESTING ONLY. NO SUBSTITUTIONS. Must complete all boxes to order the test.

CHECK BOX BELOW TO ORDER ANSER® IFX

☐ ANSER® IFX — Simultaneously measures serum infliximab (IFX) levels and antibodies to infliximab (ATI) (Catalog # 3151)

TREATMENT HISTORY (OPTIONAL)

Last Administered Dose		
Date of Last Dose (mm/dd/yyyy)	Current Dose	Current Interval
	☐ mg	☐ days
	☐ mg/kg	☐ weeks

Terms and Conditions: This Anser® IFX Test Requisition form is required pursuant to the Celltrion Testing Access Program. Patients must be ≥18 years of age and diagnosed with Ulcerative Colitis or Crohn's Disease. Patients are not eligible for the Celltrion Testing Access Program if the patient's prescription for subcutaneous infliximab is eligible to be reimbursed, in whole or in part, by any state or federal healthcare program. Anser® IFX testing through the Celltrion Testing Access Program is limited to 3 tests per patient for the duration of the program. Celltrion reserves the right to change or end the Testing Access Program at any time without notice, and other terms and conditions may apply. By using the Anser® IFX Celltrion Testing Access Program test requisition, you are specifically requesting that your patient's specimen be sent to Prometheus Laboratories Inc.

5 COLLECTION INFORMATION

Date Collected _____

Time Collected (AM/PM) _____

Patient ID _____

Sender Sample ID _____

6 SENDING LABORATORY INFORMATION

Laboratory/Other Name _____

Address _____

Phone _____ Fax _____

Contact _____

Results Delivery Preference ☐ Fax ☐ No results to lab

7 ATTENTION LABORATORY

- Only the ANSER® IFX test through Celltrion USA can be ordered using this form. No other test requisition forms will be accepted.
- NO CHARGES should be billed to the patient for this test. Prometheus will not bill for testing or services related to testing.
- Specimen transportation kits containing prepaid air bills can be provided upon request by Prometheus Client Services at 877-216-3677.

Prometheus Laboratories

QUESTIONS?

Contact Client Services at Prometheus Laboratories Inc.
Monday - Friday, 6:00 am - 4:30 pm Pacific Time
Toll-free: **877-216-3677** • Fax: 877-816-4019
9410 Carroll Park Drive, San Diego, CA 92121
Specimen collection requirements on back.

8 SPECIMEN COLLECTION AND HANDLING PROCEDURES

Test Ordered (Turnaround Time)*	Transportation Kit Requirements	Specimen Type and Volume	Specimen Collection Tube	Specimen Stability
ANSER® IFX (3 days)	Ambient or cold pack **Do not freeze**	2.0 mL Serum	Serum Separator Tube or Red-Top Tube	Room temp: 14 days Refrigerated: 14 days

*Business 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, 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 877-216-3677, or go to prometheuslabs.com.

QUESTIONS?

Contact Prometheus Client Services at **877-216-3677**
Operating hours: Monday - Friday, 6:00 am - 4:30 pm Pacific Time

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