eurofins | Biomnis

Anti-TNF alpha levels and Antibodies

REQUESTING PHYSICIAN:

Surname .....

First Name .....

REQUESTING LABORATORY:

.....

PATIENT

Surname : .....

First Name : .....

Date of birth: __ __ / __ __ / __ __ __ __

Sex : ☐F ☐M

SAMPLE REQUIREMENT

1ml frozen serum

Trough sample

SAMPLE AND TREATMENT INFORMATION

Date of sample : __ __ / __ __ / __ __ __ __

Drug injected/infused :

Infliximab : ☐ Remicade® ☐ Inflectra® ☐ Remsima®

Adalimumab : ☐ Humira®

Golimumab : ☐ Simponi®

Date of last injection / infusion: __ __ / __ __ / __ __ __ __

Time since last injection / infusion : ..... weeks

Dose received at last injection / infusion : .....

Indication for treatment with anti-TNF alpha : .....

.....

Other immunosepressant therapy associated with or preceding anti-TNF alpha therapy :

.....

Reason for request :

☐ Routine

☐ Suspected treatment failure

☐ Adverse reastion to injection/infusion

☐ Other (please specify).....