

Referring laboratory details:	<p>Please send sample and completed form to: Synnovis Central Specimen Reception (SP Unit), 5th Floor, North Wing, St Thomas' Hospital, Lambeth Palace Road, London, SE1 7EH (Tel: 020 7188 3242)</p>
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Patient Details:	<i>Apply patient label/sticker if available</i>	
Patient Name:		
Gender:	Male / Female	
Hospital number:		
Date of Birth:		
Laboratory number/your reference:		
<u>Clinical details:</u>		
Consultant:		
Hospital /Location/Ward:		
Tests required:		
Tests:	<p>Test required (please tick):</p> <p><input type="checkbox"/> Infliximab (Remicade®) (IFX)</p> <p><u>Infliximab biosimilars :</u></p> <p>Inflectra™ (IFX) <input type="checkbox"/></p> <p>Remsima™ (IFX) <input type="checkbox"/></p> <p>Flixabi™ (IFX) <input type="checkbox"/></p> <p><input type="checkbox"/> Adalimumab (Humira®) (ADA)</p> <p><u>Adalimumab biosimilars :</u></p> <p>Imraldi™ (ADA) <input type="checkbox"/></p> <p>Amgevita™ (ADA) <input type="checkbox"/></p> <p><input type="checkbox"/> Etanercept (Enbrel®) (BETAP)</p>	<p>Analysis will include drug only and anti-drug antibody analysis will only be performed as a secondary reflex test when drug levels are below therapeutic cut- off or if anti-drug antibody is requested alone.</p> <p><input type="checkbox"/> Anti-Infliximab Antibody (IFXAB)</p> <p><input type="checkbox"/> Anti-Adalimumab Antibody (ADAAB)</p>
Date and time of sample:		
<p>Sample requirements: Serum (SST tube or plain) sample is preferred sample, plasma (Lithium heparin, citrate or EDTA) is also acceptable. Preferably shortly before drug administration (trough levels). Centrifuge sample at 3000 rpm for 10 minutes, aliquot serum and keep in fridge until transport. If transport is going to be delayed by more than 5 days, freeze at -20°C. Post the sample to Viapath by first class post with this form. Minimum 350µL serum required for both drug and anti-drug antibody analysis. For other biologic drugs or clinical queries, please email Zehra.Arkir@gstt.nhs.uk or Jenny.Leung@gstt.nhs.uk</p>		
<p>For CSR/Viapath lab use only: Please book in request using the test codes above and store sample at -20°C in CSR freezer. Place form in Anti-TNF requests rack in Ref Chem lab.</p>		