

Test Kit Order Form

www.kabicare.us/hcp/clinicalinsights

To receive your ANSER ADA[®] for IDACIO[®] Test Kits, call Prometheus Laboratories directly at 877-216-3677 or complete the fields below.

ORDER FORM

All information is required unless otherwise indicated

PLEASE PRINT LEGIBLY

Name of the person requesting supplies

First Name _____ Last Name _____

Name of ordering provider

First Name _____ Last Name _____

NPI Number

Select shipping option: Practice Patient Laboratory

Ship to name: _____ Name of practice/facility (if applicable) _____

Shipping Address _____

Shipping Address 2 (optional) _____

City _____ State _____ Zip Code _____

Phone Number of Ordering Provider _____

Email address of Ordering Provider (optional) _____

Number of Kits Requested _____

Email this form to contactclientservices@prometheuslabs.com or print and fax it to 877-816-4019.

Schedule a Blood Draw - Prometheus Laboratories (prometheuslabs.com)

1. Prometheus Laboratories will ship the test kit(s) to your provider preferred location.
2. If the test kit is being shipped to the practice, please complete the test requisition, and give to the patient with the kit. If the kit is being shipped to the patient, please provide the patient with a completed and signed test requisition.
3. Remind the patient to bring both the completed test requisition form and the kit to the blood draw location.
4. Results are faxed or mailed to your office approximately 3-5 business days from the date the blood sample was received at Prometheus for testing.

If your patient has question about their sample collection, have them call 1-877-216-3677 to speak to an Answer[®] ADA for IDACIO[®] Client Services Representative.

Terms and conditions: This Anser[®] ADA for IDACIO[®] Test Requisition form is required pursuant to Fresenius Kabi's Clinical Insights Program. Patients must be 18 years or older and prescribed IDACIO[®] for an on-label indication for Rheumatoid Arthritis, Ulcerative Colitis or Crohn's Disease. Patients are not eligible for the Clinical Insights Program if the patient's prescription for IDACIO[®] is eligible to be reimbursed, in whole or in part, by any state or federal healthcare program. Fresenius Kabi reserves the right to change or end the Clinical Insights Program at any time without notice, and other terms and conditions may apply. This test cannot be substituted for or combined with any other test. By using the Anser[®] ADA for IDACIO[®] test requisition, you are specifically requesting that your patient's specimen be sent to Prometheus Laboratories Inc.

Please see the Full Prescribing Information, including **Boxed WARNING**, and Medication Guide for IDACIO[®] (adalimumab-aacf) at www.idacio.com.



QUESTIONS?

Contact ANSER[®] ADA for IDACIO[®] Client Services at Prometheus Laboratories Inc.

Monday - Friday, 6:00 am - 4:30 pm Pacific Standard Time
Toll-free: **877-216-3677** • Fax: 877-816-4019
9410 Carroll Park Drive, San Diego, CA 92121