

This requisition form is required to order the ANSER[®] ADA for IDACIO[®] test. Other disease monitoring requisition forms will not be accepted.

1 PROVIDER INFORMATION

Account Name _____
Address _____
Phone _____ Fax _____
Provider Name _____
NPI# _____
Results Delivery Preference Fax Mail

2 PRESCRIBER ATTESTATIONS

My signature below indicates:
ACKNOWLEDGMENT OF CLINICAL EXPERIENCE TESTING
I am ordering this test under a limited clinical experience testing program and I will not seek payment for or accept reimbursement from any third-party payer for this test.
ACKNOWLEDGMENT OF IDACIO[®] PATIENT
I acknowledge that the patient has been prescribed and is taking IDACIO[®], and that the patient's prescription for IDACIO[®] 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 _____

↑
Patient MUST be ≥18 years old

4 ANSER[®] ADA FOR IDACIO[®] TESTING ONLY. NO SUBSTITUTIONS. Must complete all boxes to order the test.

CHECK BOXES BELOW TO ORDER ANSER[®] ADA FOR IDACIO[®]

ANSER[®] ADA for IDACIO[®] – Simultaneously measures serum adalimumab (ADA) levels and antibodies to adalimumab (ATA) (Catalog # 3171)

CLINICAL DIAGNOSIS (must be Rheumatoid Arthritis, Crohn's Disease, or Ulcerative Colitis)

Rheumatoid Arthritis Crohn's Disease Ulcerative Colitis

TREATMENT HISTORY (OPTIONAL)

Last Administered Dose			
Dosage Form and Strength	Total Administered Dose	Frequency (days)	Dose Date
IDACIO [®] Citrate-Free, Single-dose Prefilled Autoinjector Pen: 40 mg/0.8 mL	<input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg	<input type="checkbox"/> weekly <input type="checkbox"/> every other week	mm/dd/yyyy
IDACIO [®] Citrate-Free, Single-dose Prefilled Syringe: 40 mg/0.8 mL	<input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg	<input type="checkbox"/> weekly <input type="checkbox"/> every other week	

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.

5 SAMPLE 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 Mail No results to lab

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

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ATTENTION LABORATORY

- Only the ANSER® ADA for IDACIO® test 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 pre-paid air bills can be provided upon request by calling the IDACIO® Client Services phone number below.

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SPECIMEN COLLECTION AND HANDLING PROCEDURES

Test Ordered (turnaround time)*	Transportation Kit Requirements	Specimen Type	Specimen Collection Tube	Specimen Volume	Storage Considerations	Specimen Stability
ANSER® ADA for IDACIO® (3 days)	Ambient or cold pack acceptable	Serum	Serum Separator Tube or Red-Top Tube	2.0 mL	Room temperature or refrigerated Do not freeze	Room temp: 7 days Refrigerated: 9 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, requisition, 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 www.prometheuslabs.com.

QUESTIONS?

Contact ANSER® ADA for IDACIO® Client Services at **877-216-3677**

Operating hours: Monday - Friday, 6:00 am - 4:30 pm Pacific Standard Time

Prometheus tests are laboratory-developed tests that were developed and validated under Federal CLIA laboratory guidelines by Prometheus. These tests may be covered by various patents. For information regarding Prometheus Laboratories Inc patent coverage, please refer to <https://www.prometheuslabs.com/patents/>. Prometheus and Anser®, are registered trademarks of Prometheus Laboratories Inc, San Diego, California.

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