

ANTI-TNF LEVELS (pre-dose trough levels)
and
ANTI-DRUG ANTIBODIES



Patient Details:

Surname: _____

Given Name: _____

Date of Birth: ___/___/___

Address: _____

Postcode: _____

Alternatively: Place Label Here

*I _____ agree to the pay the following charges:
\$100 for pre dose trough levels*

Please note this test has NO Medicare rebate and the results are for research purposes only

Signed: _____

Referred by: _____

Provider Number: _____

Address: _____

Phone: _____

Fax: _____

Signature: _____

Date: _____

Drug:

Infliximab

Adalimumab

Clinical Scenario:

Primary Failure

Secondary Failure

Anti-drug antibodies measured only if anti-TNF levels are very low

Immune-Mediated complication: _____

Assessment following drug holiday

Anti-drug antibodies only measured

Other _____

At least 1 ml serum required (i.e., take 5-10 ml blood) in a plain SST tube.

Best spun after standing for 1 hour.

Whole can either be sent & processed within 3 days or the serum kept at room temp for a max of 5 days

Samples can be sent either at room temp as above or serum frozen & shipped on ice

Please send sample to:

THE ALFRED CENTRE

Gastroenterology Dept., Ground Floor

99 Commercial Rd, Melbourne, 3004

DO NOT SEND TO MAIN HOSPITAL PATHOLOGY

For further inquiries please call Nia Rosella: 0425 423 797