

Anti-TNF alpha levels and Antibodies

REQUESTING PHYSICIAN:

REQUESTING LABORATORY:

Surname

First Name

PATIENT

SAMPLE REQUIREMENT

Surname :

1ml refrigerated

First Name :

serum Trough sample

Date of birth: |_|_|_|_|_|_|_|_|

Sex : F M

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 immunosuppressant therapy associated with or preceding anti-TNF alpha therapy :

Reason for request :

Routine

Suspected treatment failure

Adverse reaction to injection/infusion

Other (please specify).....