Anti-TNF alpha Drugs - Request Form

Referring laboratory details:		**Please send sample and completed request form to:** Synnovis Blackfriars Hub Central Specimen Reception (CSR) 41-43 Friars Bridge Court Blackfriars Road London SE1 8NZ

Patient Details:	*Apply patient label/sticker if available*	
Patient Name:		
Gender:	Male / Female	
Hospital number:		
Date of Birth:		
Laboratory number/your reference:		
Clinical details:		
Consultant:		
Hospital / Location / Ward:		
Tests required:		
Tests:	**Test required (please tick):** □ Infliximab (Remicade®) (IFX) **Infliximab biosimilars** : Inflectra™ (IFX) □ Remsima™ (IFX) □ Flixabi™ (IFX) □ □ Adalimumab (Humira®) (ADA) **Adalimumab biosimilars** : Imraldi™ (ADA) □ Amgevita™ (ADA) □	Analysis will include drug only, anti-drug antibody analysis will only be performed as a secondary reflex test when drug levels are below therapeutic cut-off. □ Anti-Infliximab Antibody (IFXAB) □ Anti-Adalimumab Antibody (ADAAB)
Date and time of sample:		

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 Synnovis by first class post with this form. Minimum 500µL serum required for both drug and anti-drug antibody analysis. For other biologic drugs or clinical queries, please email
Monica.ArenasHernandez@synnovis.co.uk or Jenny.Leung@synnovis.co.uk