

# Wieslab Request Form – Monitoring of Biopharmaceuticals



## ORDERING INFORMATION

<b>Requesting Clinic – required</b> Postal address for test results	<b>Invoice Address</b> Postal or email address for invoice. Only doctors, labs, or hospitals can be invoiced
<b>Ref. Number or Cost Center</b>	

## REQUESTING DOCTOR

<b>Name</b>	
<b>Email</b>	<b>Phone</b>
<b>Date of last drug administration/Other comments</b>	

## PATIENT DATA

<b>Full Name</b>	<b>Gender</b> <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Other
<b>Birth Date, Identity Number</b>	<b>Sampling Date</b>

The health care provider submitting the sample(s) and this Request Form hereby confirms that the patient (or the patient's guardian or trustee, if applicable) has been informed about the [Terms and Conditions](#) regarding sample handling and storage.

- No, the patient does not consent to save the sample.  
 The patient is currently unable to consent to the retention of the sample(s).

## INSTRUCTIONS

**C** = Concentration of biopharmaceutical.

**R** = Concentration and ADA testing.

**A** = ADA testing.

- The sample should be drawn at trough value, just before the next drug administration. Trough value is the minimal drug concentration at steady state and when the variations of drug levels in serum are the lowest.
- Presence of drug in the test sample may prevent the detection of ADA (Anti-Drug Antibodies).

**Send Frozen**  **Send Cold**  **Can be sent at room temperature**

Comprehensive instructions available at [svarlifescience.com/sampling-instructions](https://svarlifescience.com/sampling-instructions)

## SHIPPING

### Send to

Wieslab AB  
Lundavägen 151, 212 24 Malmö, Sweden

## CONTACT

**Phone** +46 (0)40-53 76 60, **Fax** +46 (0)40-43 28 90

**Email:** [diagnostic.services@svarlifescience.com](mailto:diagnostic.services@svarlifescience.com)

Updated: 2024-04-30

## Tests

### B/T CELL INHIBITORS

<input type="checkbox"/> <b>C 615 Abatacept</b> At least 0.7 mL serum per sample.
<input type="checkbox"/> <b>C 603 Rituximab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample.

### COMPLEMENT INHIBITORS

<input type="checkbox"/> <b>C 613 Eculizumab</b> At least 0.7 mL serum per sample.
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### CYTOKINE INHIBITORS

<input type="checkbox"/> <b>C 607 Tocilizumab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample.
<input type="checkbox"/> <b>C 605 Ustekinumab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample. ADA testing performed only if biopharmaceutical concentration is low.

### INTEGRIN INHIBITORS

<input type="checkbox"/> <b>C 136 Natalizumab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample.
<input type="checkbox"/> <b>C 138 Vedolizumab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample. ADA testing performed only if biopharmaceutical concentration is low.

### TNF-ALPHA INHIBITORS

<input type="checkbox"/> <b>C 126 Adalimumab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample. ADA testing performed only if biopharmaceutical concentration is low.
<input type="checkbox"/> <b>C 132 Certolizumab</b> At least 0.5 mL serum per sample.
<input type="checkbox"/> <b>C 128 Etanercept</b> At least 0.5 mL serum per sample.
<input type="checkbox"/> <b>C 130 Golimumab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample. ADA testing performed only if biopharmaceutical concentration is low.
<input type="checkbox"/> <b>C 124 Infliximab</b> <input type="checkbox"/> <b>R</b> At least 0.7 mL serum per sample. ADA testing performed only if biopharmaceutical concentration is low.

### OTHER

<input type="checkbox"/> <b>A 105 Erythropoietin</b> At least 1 mL serum per sample.
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Have you seen our other request forms? We have request forms for Neurology, Autoimmunity, and Monitoring of Biopharmaceuticals: [wieslab.se/remisser](https://wieslab.se/remisser)