CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

eurofins | Biomnis

Clinical Information Form
Follow-up of patients under biopharmaceuticals, dosage of medication and associated antibodies

INTERNATIONAL DIVISION

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PRESCRIBING DOCTOR

Prescribing doctor's name: .....
First name: .....
Tel.: |_|_| |_|_| |_|_| |_|_| |_|_|

Prescribing doctor's stamp

SAMPLING LABORATORY

Client No.: .....
Laboratory name: .....
Tel.: |_|_| |_|_| |_|_| |_|_| |_|_|

Laboratory's stamp or barcode label

PATIENT DETAILS

First name(s): .....
Surname: .....
Maiden name: .....
Date of birth: |_|_| |_|_| |_|_|_|_|
Gender: ☐ F ☐ M

SAMPLE

- 1ml refrigerated serum
- Residual sample before new injection or infusion

INFORMATION ABOUT THE SAMPLE AND TREATMENT

Date of sampling: |_|_| |_|_| |_|_|_|_|

Product injected / infused:

Infliximab	:	code **INFAC**	**Etanercept**	:	code **ETAN**
Adalimumab	:	code **ADAL**	**Rituximab**	:	code **RITUX**
Certolizumab	:	code **CERTO**	**Ustekinumab**	:	code **USTEK**
Vedolizumab	:	code **VEDO**	**Golimumab**	:	code **GOLIM**
Bevacizumab	:	code **BEVA**	**Tocilizumab**	:	code **TOCI**

Date of last injection / infusion: |_|_| |_|_| |_|_|_|_|

Time since last injection / infusion: ..... weeks

Dose received at last injection / infusion: .....

Indication for anti-TNF alpha treatment: .....

.....

Associated immunosuppressants and previous anti-TNF alpha treatment:

.....

Reason for request:

☐ Systematic
☐ Suspicion of treatment failure
☐ Reactions in connection with the injection/infusion
☐ Other, please specify: .....