CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

eurofins | Biomnis

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

INTERNATIONAL DIVISION

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CLINICIAN

Clinician's name: .....

Name: .....

Tel. : |_|_| |_|_| |_|_| |_|_| |_|_|

Clinician'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:

Infliximabemia	:	code **INFAC**	**Etanerceptemia**	:	code **ETAN**
Adalimumab	:	code **ADAL**	**Rituximabemia**	:	code **RITUX**
Certolizumabemia	:	code **CERTO**	**Ustekinumabemia**	:	code **USTEK**
Vedolizumabemia	:	code **VEDO**	**Golimumabemia**	:	code **GOLIM**
Bevacizumabemia	:	code **BEVA**	**Tocilizumabemia**	:	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 background to anti-TNF alpha therapy:

.....

Reason for request:

☐ Systematic

☐ Suspicion of treatment failure

☐ Reactions in connection with the injection/infusion

☐ Other, please specify: .....

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