

Highlighted fields are REQUIRED

CLIENT INFORMATION	
	Requesting Physician _____
	Fax _____
	Copies to _____

PATIENT INFORMATION							
Last Name _____	First Name _____	MI _____	Age _____	Sex _____	Date of Birth _____ / _____ / _____		
Street Address _____		Apt# _____	City _____			State _____	ZIP _____
Primary Phone # _____	Secondary Phone # _____	Medical Record # _____		Social Security # _____ / _____ / _____			

BILLING INFORMATION – PRIMARY INSURED			<input type="checkbox"/> SECONDARY <small>Please check box and attach copy of front and back of patient's card.</small>		
We file all primary and secondary insurance plans if information is provided.			Required for all claim processing: Copy of front and back of patient's insurance card.		
Payer <input type="radio"/> Medicare <input type="radio"/> Insurance <input type="radio"/> Patient <input type="radio"/> Other _____			Patient Status <input type="radio"/> Non-hosp <input type="radio"/> Hosp in-patient <input type="radio"/> Hosp out-patient		
Insurance Carrier _____	Policy Number/Insured ID Number _____	Group Number _____			
Policy Holder's Name _____	Policy Holder's Relationship to Patient <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent		Policy Holder's DOB _____ / _____ / _____		

COLLECTION INFORMATION	
Date of Collection _____ / _____ / _____	Time of Collection _____ AM _____ PM
Blood Draw Performed By <input type="radio"/> Office <input type="radio"/> Iggbo <input type="radio"/> Other: Name _____ City _____ State _____	

HISTORY/INDICATIONS	
Clinical Diagnosis _____	<small>Use only Other diagnoses on reverse</small>
Add ICD-10 digits on blank lines. See codes on reverse. <input type="radio"/> IBD-Ulcerative Colitis K51. _____ <input type="radio"/> IBD-Crohn's Disease K50. _____ <input type="radio"/> Other: _____	
Reason for Testing <input type="radio"/> OPTIMIZE—at induction, to optimize drug level <input type="radio"/> MONITOR—during maintenance, to monitor drug level and ADAb level <input type="radio"/> MANAGE—at loss of response/no response, to identify the cause <input type="radio"/> Other: _____	
Additional Information (clinical signs & symptoms) _____	

THERAPEUTIC DRUG MONITORING REQUEST
TDM comprehensive (drug + anti-drug antibody) <input type="radio"/> Remicade® (infliximab) <input type="radio"/> Humira® (adalimumab) <input type="radio"/> Cimzia® (certolizumab pegol) <input type="radio"/> Entyvio® (vedolizumab) <input type="radio"/> Stelara® (ustekinumab) <input type="radio"/> Simponi® (golimumab) <input type="radio"/> Inflectra® (infliximab-dyyb) Please contact us if your biologic or biosimilar is not on the list as we frequently add new ones based on patient need

CURRENT DOSE & TREATMENT INTERVAL			
Date Started* _____ / _____ / _____	Date of Last Dose _____ / _____ / _____	Blood Drawn at** <input type="radio"/> Trough <input type="radio"/> Midcycle _____ # weeks since last infusion <input type="radio"/> Other: _____	Dose _____ mg or _____ mg/kg
Frequency <input type="radio"/> Every _____ weeks			
* Enter first date of treatment, regardless of whether patient has been on a drug holiday. ** Recommended draw is at trough level			

It is the policy of Miraca Life Sciences to only perform testing that is medically necessary for the diagnosis and treatment of the patient. Medicare does NOT pay for routine screening tests.
 4207 E. Cotton Center Blvd. / Phoenix, AZ 85040 / 844.305.2166 / Fax: 855.856.0655 / CLIA 03D1064744
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1. Complete all requested information on requisition.
2. Use appropriate number of labels provided.
3. Place one label on each specimen and dispose of the remaining labels.

Patient Full Name _____ 000000	Patient Full Name _____ 000000	Patient Full Name _____ 000000	Patient Full Name _____ 000000
DOB _____	DOB _____	DOB _____	DOB _____
Collection Date _____	Collection Date _____	Collection Date _____	Collection Date _____

Please discard extra labels

Optimal Specimen Requirements

Test Ordered	Transportation/Kit Requirements	Specimen Type	Specimen Collection Tube	Volume (recommended)	Storage	Stability
Comprehensive TDM	Overnight/frozen cold pack	Serum	Serum Separator Tube (SST)	2–3 mL serum	Room temperature or refrigerated	Serum stable at room temperature for 48 hours

Instructions

- **Label SST** with AT LEAST **two patient identifiers** and **date of collection**. (Acceptable identifiers: name, DOB, medical record #, requisition #.)
- Collect **5–7 mL** peripheral blood in SST.
- ***Package the labeled SST in biohazard bag. Place with completed requisition and frozen cold pack** in Miraca InformTx Collection Kit. (See complete shipping instructions inside kit.) **Ship immediately or refrigerate overnight.**

**More than one patient sample may be shipped per kit—keep in separate biohazard bags and include separate requisition.*

Contact Miraca Life Sciences at 844.305.2166 or TDM@miracals.com for pick-up and/or questions.

ICD-10 Codes

Enter digits in blanks on front for conditions listed.

Crohn’s

K50.90 Crohn’s disease, unspecified, without complications

Use additional code to identify manifestations, such as: pyoderma gangrenosum (L88).

There are more specific code choice selections available in ICD-10-CM. These include:

K50.00 Crohn’s disease of small intestine without complications

K50.011 Crohn’s disease of small intestine with rectal bleeding

K50.012 Crohn’s disease of small intestine with intestinal obstruction

K50.013 Crohn’s disease of small intestine with fistula

K50.014 Crohn’s disease of small intestine with abscess

K50.018 Crohn’s disease of small intestine with other complication

K50.019 Crohn’s disease of small intestine with unspecified complications

K50.10 Crohn’s disease of large intestine without complications

K50.111 Crohn’s disease of large intestine with rectal bleeding

K50.112 Crohn’s disease of large intestine with intestinal obstruction

K50.113 Crohn’s disease of large intestine with fistula

K50.114 Crohn’s disease of large intestine with abscess

K50.118 Crohn’s disease of large intestine with other complication

K50.119 Crohn’s disease of large intestine with unspecified complications

K50.80 Crohn’s disease of both small and large intestine without complications

K50.811 Crohn’s disease of both small and large intestine with rectal bleeding

K50.812 Crohn’s disease of both small and large intestine with intestinal obstruction

K50.813 Crohn’s disease of both small and large intestine with fistula

K50.814 Crohn’s disease of both small and large intestine with abscess

K50.818 Crohn’s disease of both small and large intestine with other complication

K50.819 Crohn’s disease of both small and large intestine with unspecified complications

K50.911 Crohn’s disease, unspecified, with rectal bleeding

K50.912 Crohn’s disease, unspecified, with intestinal obstruction

K50.913 Crohn’s disease, unspecified, with fistula

K50.914 Crohn’s disease, unspecified, with abscess

K50.918 Crohn’s disease, unspecified, with other complication

K50.919 Crohn’s disease, unspecified, with unspecified complications

Ulcerative colitis

K51.80 Other ulcerative colitis without complications

K51.811 Other ulcerative colitis with rectal bleeding

K51.812 Other ulcerative colitis with intestinal obstruction

K51.813 Other ulcerative colitis with fistula

K51.814 Other ulcerative colitis with abscess

K51.818 Other ulcerative colitis with other complication

K51.819 Other ulcerative colitis with unspecified complications

Other

Z79.899 Other long term (current) drug therapy

K52.2 Allergic and dietetic gastroenteritis and colitis

K52.89 Other specified non infective gastroenteritis and colitis

R19.7 Diarrhea, unspecified