labcorp

Please complete this Test Requisition Form in English

Sanofi Rare Disease
Specialty Testing Program
Royal Children's Hospital
4th Floor, East Building
50 Flemington Road
Parkville, Victoria 3052 Australia
61 3 9345 9806

☐ Fax — Send additional copy of report to: _____ ( )

Account # 76001080 — Account Bill Only

Patient's Legal Name (Last, First, MI) | Sex ☐ M ☐ F | Date of Birth MO DAY YEAR | Collection Time : ☐ AM ☐ PM | Collection Date MO DAY YEAR

Clinician or Physician's / Authorized Name (Last, First)

Clinician or Physician's / Authorized Signature

x _____

Patient's ID #

Please check applicable treatment

☐ Aldurazyme®
☐ Cerezyme®
☐ Fabrazyme®
☐ Myozyme®
☐ Nexviazyme®/ *Nexviadyme®

Test Category: Anti-Drug IgG Antibody

Mark requested testing below:

☐ 504744 Laronidase (Aldurazyme) IgG Antibody
☐ 504752 Imiglucerase (Cerezyme) IgG Antibody
☐ 504770 Agalsidase beta (Fabrazyme) IgG Antibody
☐ 504749 Alglucosidase alfa (Myozyme) IgG Antibody
☐ 504885 Avalglucosidase alfa (Nexviazyme/Nexviadyme) IgG IgM Antibody

Sample Requirements:

Test Type	Collection Tube	Sample Type / Volume	Submission Tube	Sample Storage	Sample Stability	Shipping Temperature
Anti-drug IgG Antibody	Serum Separator Tube or Red Top	1 mL Serum	Transfer Tube	Preferred: ≤ -20°C (Frozen) Acceptable: 2°C to 8°C (Refrigerated)	Frozen: 24 months Refrigerated: 14 days	Frozen

Samples for drug-specific antibody tests should be collected at least 3 days after infusion or prior to subsequent infusion.

For questions, please contact the LabCorp Project Manager at RareDiseaseProgram@labcorp.com

*Nexviadyme is only available in Europe.

Adverse events suspected to be associated with laronidase (Aldurazyme), Imiglucerase (Cerezyme), agalsidase beta (Fabrazyme), alglucosidase alfa (Myozyme), and avalglucosidase alfa (Nexviazyme/Nexviadyme) should be reported directly to Sanofi Pharmacovigilance.