

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

Send additional c	opy of report to:
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🗌 Fax

Account # 76001080		Account Bill Only				
Patient's Legal Name (Last, Fi	irst, MI)		Sex M F	Date of Birth MO DAY YEAR	Collection Time	Collection Date MO DAY YEAR
Clinician or Physician's / Auth Name (Last, First)	orized Clinician or Pl	nysician's / Authorized Signature			Patient's ID #	
Please check applica	ble treatment					
□ Aldurazyme® □ Cerezyme®	☐ Fabrazyme® ☐ Myozyme®	□ Nexviazyme®/ *Nexviadyme®				

Test Category: Adverse Event Hypersensitivity

Mark requested testing below:

- □ 504762 Laronidase (Aldurazyme) IgE Antibody
- □ 504758 Imiglucerase (Cerezyme) IgE Antibody
- □ 504754 Agalsidase beta (Fabrazyme) IgE Antibody
- 🗆 504766 Alglucosidase alfa (Myozyme) IgE Antibody
- □ 504880 Avalglucosidase alfa (Nexviazyme/Nexviadyme) IgE Antibody
- □ 504775 Complement Activation: C3a
- □ 504779 Mast Cell Activation Serum Tryptase

Sample Requirements:

Test Type	Collection Tube	Sample Type / Volume	Submission Tube	Sample Storage	Sample Stability	Shipping Temperature
Anti-drug IgE 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
Complement Activation	Lavendar (K2EDTA) top	1 mL Serum	Transfer Tube	≤ -20°C (Frozen)	1 month Do not allow sample to thaw	Frozen
Serum Tryptase	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

Testing for drug-specific IgE antibody, complement activation and tryptase may be warranted for patients who experience an infusion-associated reaction suspected to represent a Type 1 (IgE mediated) hypersensitivity reaction. Samples for complement activation and tryptase should be collected 1-3 hours after onset of reaction whereas samples for drug-specific IgE antibody 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. Cerezyme, Fabrazyme, Myozyme, and Nexviazyme/Nexviadyme are registered trademarks of Genzyme Corporation. Sanofi is a registered trademark of Sanofi. Aldurazyr is a registered trademark of BioMarin/Genzyme LLC.