

**Patient details**

Date of birth (dd-mm-yyyy) \_\_\_\_\_

Surname and initials \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

ZIP / postal code and city \_\_\_\_\_

Country \_\_\_\_\_

Date and time of sample \_\_\_\_\_

Your reference / lab number \_\_\_\_\_ Your patient-number \_\_\_\_\_

**Please send form with sample to:**

Sanquin Diagnostics  
Department: UDC  
Plesmanlaan 125  
1066 CX AMSTERDAM  
The Netherlands

**Client**

Clinician \_\_\_\_\_

Institute \_\_\_\_\_

Department \_\_\_\_\_

Address or PO-box \_\_\_\_\_

ZIP / postal code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

**Send invoice to (if different from Client)**

Institute \_\_\_\_\_

Department \_\_\_\_\_

Address or PO-box \_\_\_\_\_

ZIP / postal code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Report results to e-mail E-mail address: \_\_\_\_\_

**Please draw blood, for serum preparation, shortly before administration of the biologic.**

• 1 ml serum

Biologic *	Concentration of drug in serum	ADA anti-drug-antibodies **	First concentration of drug, only if concentration is low, followed by ADA measurement
Abatacept	<input type="checkbox"/> J301 concentration ***	_____	_____
Adalimumab	<input type="checkbox"/> J291 concentration	<input type="checkbox"/> J290 IgG (total) against	<input type="checkbox"/> J283 cascade
Certolizumab	<input type="checkbox"/> J304 concentration	_____	_____
Dupilumab	<input type="checkbox"/> J112 concentration	_____	_____
Etanercept	<input type="checkbox"/> J295 concentration	_____	_____
Golimumab	<input type="checkbox"/> J306 concentration	<input type="checkbox"/> J305 IgG (total) against	<input type="checkbox"/> J313 cascade
Infliximab	<input type="checkbox"/> J289 concentration	<input type="checkbox"/> J288 IgG (total) against	<input type="checkbox"/> J285 cascade
Natalizumab	<input type="checkbox"/> J299 concentration	<input type="checkbox"/> J307 IgG (total) against	_____
Rituximab	<input type="checkbox"/> J293 concentration	<input type="checkbox"/> J292 IgG (total) against	_____
Tocilizumab	<input type="checkbox"/> J311 concentration	<input type="checkbox"/> J310 IgG (total) against ***	_____
Ustekinumab	<input type="checkbox"/> J134 concentration	<input type="checkbox"/> J133 IgG (total) against	_____
Vedolizumab	<input type="checkbox"/> J135 concentration	<input type="checkbox"/> J316 IgG (total) against	_____

Your biologic not listed above? Contact biologics@sanquin.nl to discuss the potential for rapid development of a new assay.

For more information on Biologics: see [sanquin.org/biologics](http://sanquin.org/biologics).

\* Biosimilars are analyzed with similar accuracy as the originator.

\*\* ADA testing is most relevant when a low biologics concentration is present.

\*\*\* Research Use Only.

\*\*\*\* Additional information: Medical relevant information on the patient / deviating primary material.

**Extra information / other required tests \*\*\*\*****Applicable Conditions and Consent**

Sanquin's services are governed by the Services Agreement (see website). Sanquin expressly rejects the applicability of any other (general) terms and conditions. For the handling of personal data and the use of residual material, Sanquin Diagnostiek B.V. refers to the Privacy statement as posted on the website. It is the responsibility of the healthcare provider/attending physician to obtain the patient's informed consent.

**Privacy/GDPR**

For more information about the privacy regulation, please see our website: [www.sanquin.org](http://www.sanquin.org)

 Serum submission

Send form with 1 ml frozen serum sample to:  
Sanquin Diagnostic Services  
Dept. UDC  
Plesmanlaan 125  
1066 CX Amsterdam  
The Netherlands



Sanquin

+31 20 512 3248  
biologics@sanquin.nl