LabCorp

Please complete this Test Requisition Form in English

**Sanofi Genzyme Rare Disease Specialty Testing Program**
Fimlab Laboratories Ltd
Arvo Ylpon katu 4
Tampere, Pirkanmaa 33520 Finland
358504347077

Send additional copy of report to:

☐ Fax
☐ Call — Client Number/Clinician or Physician's Name — ( ) Phone/Fax Number (include country code)
☐ Mail — Clinician or Physician's Address — Town/City, State/Province, Postal Code, Country

Account # 63002910

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®

## 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

### 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)<br>Acceptable: 2°C to 8°C (Refrigerated) | Frozen: 24 months<br>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

Adverse events suspected to be associated with laronidase (Aldurazyme), imiglucerase (Cerezyme), agalsidase beta (Fabrazyme) and alglucosidase alfa (Myozyme) should be reported directly to Sanofi Genzyme Pharmacovigilance.