

Eurofins study number: 5181201018

Sanofi Genzyme

Teriflunomide blood level (Aubagio)

To be completed by Eurofins
Center No:_____

1. Treating Physician contact and Centre address

Please enter the name of the Treating physician and the full address of the centre.

Treating physician		
Telephone Number	Clinic/Hospital/ Institution	
Fax Number (for sending fax report by Eurofins Medinet)	Address: City/State/Post Code	
Email Address	Country	

2. Address for Shipping Supplies. (Only to be completed if different from section 1).

Pick-up Contact Name	Back-Up Contact Name	
Telephone Number	Telephone Number	
Fax number	Fax Number	
Clinic/Hospital/Institution		
Address: City/State/Post Code		
Country		

3. Address for sample collection by Courier. (Only to be completed if different from section 1).

Pick-up Contact Name	Back-Up Contact Name	Back-Up Contact Name		
Telephone Number	Telephone Number			
Fax number	Fax Number			
Clinic/Hospital/Institution				
Address: City/State/Post Code				
Country				

01/12/18

page 1 of 2



Eurofins study number: 5181201018

Sanofi Genzyme

Teriflunomide blood level (Aubagio)

4. Local Sanofi Genzyme contact

Name		
Telephone Number		
Cell phone Number		
Fax Number	E mail address	

5. Number of kits needed to be shipped by Eurofins:

Planned date for first blood collection:

Quantity	Description		
	Kit(s)		
NOTE: Kit contains all the supplies needed for both 1 st and 2 nd blood collection of a patient. Therefore order the			
number of kits according to number of patients (e.g. if 1 patient at site – order 1 kit)			
Completed by:	Date:		

NOTE: Please fully complete sections: 1; 2; 3, 4 & 5 of this form before sending to Eurofins. Completion of this form is required for Eurofins in order to send supplies for sample collection and organize sample transport.

Please return the completed form as soon as possible by email to Eurofins:

investigator.services@eurofins.com

or fax to:+31 (0)76 5737779

This service is ONLY intended for patients treated with Aubagio®