UNIVERSITÄTSKLINIK FÜR NEUROLOGIE

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Neurologisches Labor



Interferon-beta/Natalizumab antibodies request form

3		,	ne liability of correct shipping.		2.1, 07.03.2023
PATIENT ID			REQUESTED BY (please fill in completely, including address, phone/fax)		
			(please fill ill completely, il	nciduling address, pr	ione/iax)
Name:					
Surname:					
Gender: O female O male					
Date of birth:					
Address:					
			FAX:		
			Phone:		
Diagnosis?					
	e patient ID on the request fo		serum vial!		
	vw.neurolabor.tirol-kliniken.at				
lease ship at lea	ast 3 ml of serum!!				
the blood is ship	ped immediately aft	er collection, it car	n be sent at ambient temperature) .	
reatment start: / /			Last dose: / /		
day month year			Last dose: / / day month year		
	Al	NTI-DRUG A	NTIBODY TEST:		
○ Interferon-beta antibodies			O Natalizumab (Tysabri®) antibodies		
Current therapy:			Important:		
Betaferon / Extavia		0	Please collect the sa	Please collect the sample BEFORE application	
Rebif	Ο 22 μg	Ο 44 μg	of Natalizumab!		
Avonex		0	Infusion reaction?	O Yes	O No
Plegridy		0			
Earlier the	rapy with another In	terferon			
preparation? O Yes O No					
If yes, plea	ase specify:		_		
From:	_// Until:				
			I		
		Cianatura	Signatura		
ate and time of s	sampiing		Signature		