

PATIENT NAME (LAST) _____ (FIRST) _____ (M.I.) _____		
PLEASE TYPE OR PRINT		
BIRTHDATE ____/____/____ <small>mo / day / yr</small>	SEX _____	PATIENT/LAB ID NUMBER _____
REFERRING PHYSICIAN ( ) _____ <small>number contact name (last, first)</small>		
COMMENTS/SPECIAL INSTRUCTIONS _____ _____		
PHONE/FAX RESULTS (Required) <input type="checkbox"/> PHONE <input type="checkbox"/> SECURE FAX ( ) <b>REQUIRED</b> _____ <b>REQUIRED</b> _____ <small>number contact name (last, first)</small>		

<b>SPECIMEN TRANSPORT</b> <input type="checkbox"/> Frozen EDTA Plasma
<b>SPECIMEN TYPE-COLLECTION</b> <input type="checkbox"/> Plasma (Lavender EDTA)
<b>COLLECTION INSTRUCTIONS</b> Collect Lavender (EDTA plasma) specimen for each collection. Separate plasma from cells ASAP (within 2 hours from collection). Transfer 1 mL plasma per each collection point into individually time labeled ARUP Standard Transport Tube(s) (Min. 0.2 mL/time point) Transport Temperature: Frozen

### CERDELGA<sup>®</sup> (ELIGLUSTAT) PLASMA TEST REQUEST FORM (REORDER #32979)

**2010979 Cerdelga Panel, Peak Levels** (Four (4) specimens required)

1. Patient must be on Cerdelga (eliglustat) treatment. Specimen should be collected just prior to administration of a scheduled dose.

Last Dose: Information only (**no specimen collected**) ..... Date \_\_\_\_\_ Time \_\_\_\_\_  
DD-MMM-YYYY HH:MM (00:00-23:59)

2. Specimen collected at 0 minutes (trough) ..... **Label: 0 Hour (yellow)** Date \_\_\_\_\_ Time \_\_\_\_\_  
DD-MMM-YYYY HH:MM (00:00-23:59)

3. Patient takes Cerdelga dose:  
 Information only (**no specimen collected**) ..... Date \_\_\_\_\_ Time \_\_\_\_\_  
DD-MMM-YYYY HH:MM (00:00-23:59)

4. Specimen collected at each time point.  
 60 minutes post dose ..... **Label: 1 Hour (orange)** Date \_\_\_\_\_ Time \_\_\_\_\_  
DD-MMM-YYYY HH:MM (00:00-23:59)

120 minutes post dose ..... **Label: 2 Hour (green)** Date \_\_\_\_\_ Time \_\_\_\_\_  
DD-MMM-YYYY HH:MM (00:00-23:59)

180 minutes post dose ..... **Label: 3 Hour (blue)** Date \_\_\_\_\_ Time \_\_\_\_\_  
DD-MMM-YYYY HH:MM (00:00-23:59)

Example of "Date" and "Time" entry: Date 24-JUL-2014 Time 17:13  
DD-MMM-YYYY HH:MM (00:00-23:59)  
 (24-hour clock)

NUMBER OF SPECIMENS SUBMITTED \_\_\_\_\_

TOTAL NUMBER OF TESTS ORDERED \_\_\_\_\_

**ARUP USE ONLY**  
*Master Label Area*

<b>THIS BOX FOR ARUP LABORATORIES' USE ONLY</b>						
QTY _____	RT _____	R _____	F _____	ID# _____		
SER _____	PLA _____	WB _____	URINE _____	STOOL _____	CSF _____	S/P _____
TISSUE _____	SST _____	OTHER _____			WRAPPED _____	