Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	1/27/1985
Gender:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Infliximab or Biosimilar Reflex to Neutralizing Antibody Confirmation

ARUP test code 2013615

Infliximab Neutralizing Antibody Titer	1:34
EER IFX Rflx to Neutalizing Ab Conf.	See Note Access ARUP Enhanced Report using the link below: -Direct access: [redacted]

Infliximab or Biosimilar Activity with Reflex to Antibody

ARUP test code 2013612

Infliximab Activity w/Rflx to Ab	Not Detected

H=High, L=Low, *=Abnormal, C=Critical

INTERPRETIVE INFORMATION: Infliximab or biosimilar w/Rflx to NAb

This test measures the capacity of infliximab to neutralize TNF activity. If infliximab is not detected, testing for neutralizing antibodies (NAb) will be performed. Infliximab NAb titer is obtained by identifying the minimal serum dilution at which blocking of infliximab activity is no longer observed.

This test is used to evaluate secondary response failures to infliximab therapy. Secondary response failure is defined as loss of clinical response after initial improvement of clinical signs and symptoms. Therapeutic decision should rest on both the clinical response and the knowledge of the fate of the drug including the emergence of immunogenicity in individual patients.

Circulating infliximab levels have been shown to vary considerably between patients. These differences relate to route and frequency of administration and patient-related features such as age, gender, weight, drug metabolism, and concomitant medications such as methotrexate and other immunosuppressants.

Clinical Interpretation of Infliximab with Reflex to Antibody Testing Result in the Context of Treatment Failure

Infliximab Activity	Infliximab Neutralizing Antibody Titer	Interpretation
Not Detected	Not Detected	Sub-therapeutic dose. A higher dosage of infliximab or shortening the dosing interval may be appropriate.
Not Detected	Detected	Likely immune-mediated treatment failure. A change to another anti-TNF drug may be appropriate.
Detected - Below Target*	N/A	Sub-therapeutic dose. A higher dosage of infliximab or shortening the dosing interval may be appropriate.
Detected - Above Target*	N/A	A change to another type of therapy (not targeting TNF) may be appropriate if patient is not responding.

* AGA recommended target trough concentration for reactive monitoring of patients with active IBD on maintenance therapy is 5 ug/mL or greater for infliximab (Feuerstein JD et al, Gastroenterology 2017; 153:827-834). The AGA makes no recommendation regarding the use of routine, proactive therapeutic drug monitoring in adults with quiescent IBD treated with anti-TNF agents.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

EER Infliximab Activity w/Rflx to Ab	See Note

H=High, L=Low, *=Abnormal, C=Critical

Access ARUP Enhanced Report using the link below:

-Direct access: [redacted]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Infliximab Neutralizing Antibody Titer	20-352-112370	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Infliximab Activity w/Rflx to Ab	20-352-112370	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER IFX Rflx to Neutalizing Ab Conf.	20-352-112370	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Infliximab Activity w/Rflx to Ab	20-352-112370	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical