

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

Physician: Doctor, Example

**Patient: Patient, Example** 

**DOB** Unknown

Gender: Male

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

## **Infliximab and Antibodies to Infliximab Quantitation**

ARUP test code 3016779

< 0.5 ug/mLInfliximab Quantitation L (Ref Interval: >=0.5)

INTERPRETIVE INFORMATION: Infliximab Quantitation

Results of 0.5 ug/mL or higher indicate the detection of infliximab or an infliximab biosimilar. Therapeutic level may

vary depending on the disease being treated.

**Antibodies to Infliximab Quantitation** <20 ng/mL(Ref Interval: <=19)

> INTERPRETIVE INFORMATION: Antibodies to Infliximab Quantitation

Results of 20 ng/mL or higher indicate the detection of antibodies against infliximab or an infliximab biosimilar. Interpret in the context of infliximab or infliximab biosimilar trough concentration to determine clinical significance and impact on treatment efficacy.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for

clinical purposes.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Infliximab Quantitation	24-051-111565	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antibodies to Infliximab Quantitation	24-051-111565	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

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