

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

**Infliximab Quantitation**

20.0 ug/mL (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**

100 ng/mL H (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	24-053-118052	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antibodies to Infliximab Quantitation	24-053-118052	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

Unless otherwise indicated, testing performed at: