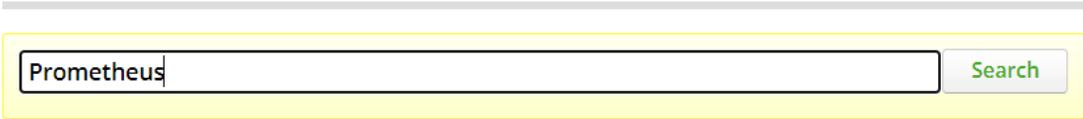
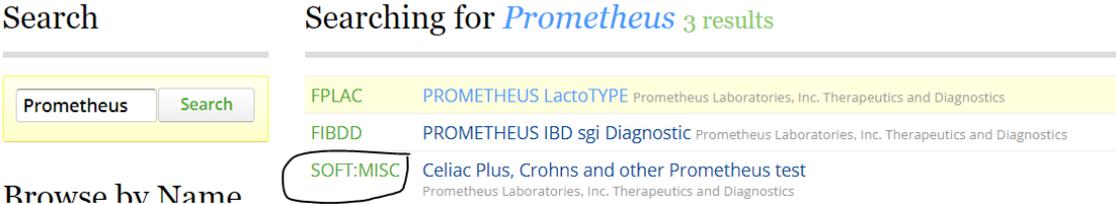


## SENDING SPECIMENS TO PROMETHEUS LAB

**Purpose:** Doctors may want testing on patients to be sent to Prometheus.

**Procedure:** Ordering and sending specimens to Prometheus Lab. Specimens are shipped Monday-Friday. NO Saturday or Sunday Shipments.

Step	Action
1.	Look over the provided requisition to see which test the doctor has ordered (patient or doctor will provide req; must be signed by doctor).
2.	<p>If the test marked is “IBD sgi Diagnostic” send to Mayo( Mayo Test code FIBDD). Or if test marked is “LactoType” send to Mayo (Mayo Test code FPLAC). See Mayo Access for requirements.</p> <p>NOTE: If 2 separate test are marked on req and 1 of the test can go to Mayo and the other test has to go to Prometheus, send both to Prometheus for testing.</p>
3.	<p>If doctor has not provided requisition Type “Prometheus” into the Directory of services to access test info.</p> <p><b>Search</b></p> 
4.	Click “Enter” on Keyboard.
5.	<p>Click “SOFT: MISC” to pull up Prometheus testing.</p> 

6.

Click [https://prometheuslabs.com/wp-content/uploads/2022/11/DX.1002-v7-09-2022-Anser-General-GI-Requisition\\_FILLABLE.pdf](https://prometheuslabs.com/wp-content/uploads/2022/11/DX.1002-v7-09-2022-Anser-General-GI-Requisition_FILLABLE.pdf) pull up the **test requisition, test requirements** and **shipping instruction** form.

## Celiac Plus, Crohns and other Prometheus test

Test Code **SOFT:MISC**



### Important Note

#### Step by Step Prometheus **Procedure**

Prometheus testing is sent directly to Prometheus lab via Fedex, Available Monday through Friday. Using the following link for order form, specimen requirements and shipping instructions (page 2) can be generated which must accompany the specimen to Lab:

- [https://prometheuslabs.com/wp-content/uploads/2022/11/DX.1002-v7-09-2022-Anser-General-GI-Requisition\\_FILLABLE.pdf](https://prometheuslabs.com/wp-content/uploads/2022/11/DX.1002-v7-09-2022-Anser-General-GI-Requisition_FILLABLE.pdf)

Lab will perform final packaging.

Specimens are shipped Monday-Thursday.

NO Saturday or Sunday shipping. Store sample in refrigerator over the weekend. Send on Monday.

7. When the form is open, click the printer icon.

## GENERAL TEST REQUISITION



PATIENT INFORMATION	
Last Name: _____	
First Name: _____ MI: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
DOB (mm/dd/yyyy): ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F SSN: _____	
BILLING INFORMATION	
BILL: <input type="checkbox"/> Insurance <input type="checkbox"/> Laboratory <input type="checkbox"/> Patient/Self-Pay <input type="checkbox"/> Provider account	
SIGNATURE REQUIRED	
I certify that the ordered test(s) is/are reasonable and medically necessary for the diagnosis, care, and treatment of this patient's condition as documented in the medical record. For genetic testing only: If applicable, my signature below indicates that I have read and understand the genetic consent requirement for my patient on the back page and acknowledge that I have obtained the appropriate consent from my patient.	
Provider Signature: _____	Date: _____
Provider Name: _____	
INSURANCE: Please attach a copy (front and back) of primary & secondary insurance card(s) and complete all information below. NOTE: Parent or guardian information is required if patient is a minor. Parent or guardian is responsible for payment.	

SELECT THE TEST(S) TO BE PERFORMED			
Primary ICD Code	Additional ICD Code(s)		
1	2	3	4
<input type="checkbox"/> <b>IBD sgi Diagnostic® (#1800¹)</b> Combines serologic, genetic, and inflammatory markers to help differentiate Inflammatory Bowel Disease (IBD) vs non-IBD and ulcerative colitis (UC) vs CD.			
<input type="checkbox"/> <b>ADD RiskImmune® (#3600¹)</b> (Conditional order following an IBD sgi result of "Pattern Consistent with IBD")			
<input type="checkbox"/> <b>ADD Monitr® Crohn's Disease (#7300)</b> (Conditional order following an IBD sgi result of "Pattern Consistent with IBD: Crohn's disease")			
<input type="checkbox"/> <b>ADD Crohn's Prognostic (#2001¹)</b> (Conditional order following an IBD sgi result of "Pattern Consistent with IBD: Crohn's disease")			
<input type="checkbox"/> <b>Monitr® Crohn's Disease (#7300)</b> 13 biomarkers to assess endoscopic disease activity in adult Crohn's disease patients.			
<input type="checkbox"/> <b>Crohn's Prognostic (#2001¹)</b> Serogenetic profile evaluating probability of disease progression in CD patients.			
<input type="checkbox"/> <b>7C4 Diagnostic Test (#8205)</b> Measures 7α-hydroxy-4-cholesten-3-one (7C4) levels to help determine if bile acid malabsorption (BAM) may be the underlying cause of a gastrointestinal symptoms.			
<input type="checkbox"/> <b>RiskImmune® (#3600¹)</b> Aids in predicting risk of antibody formation to infliximab, adalimumab or biosimilars.			

## SPECIMEN COLLECTION AND HANDLING PROCEDURE

Test Ordered (Turnaround Time)*	Transportation Kit Requirements	Specimen Type Required	Tube for Specimen Collection	Recommended Specimen Volume	Storage Conditions	Stability of Specimen
<b>IBD sgi Diagnostic (4 days)</b>	Ambient or cold pack acceptable	SERUM AND WHOLE BLOOD	Serum Separator Tube or Red-Top Tube AND EDTA/Lavender-Top Tube	2.0 mL serum AND 2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 21 days
<b>Monitr Crohn's Disease (5 days)</b>	Refrigerated preferred, ship with cold pack	SPUN SERUM	SPUN Serum Separator Tube	2.0 mL serum	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 3 days Refrigerated: 14 days
<b>Crohn's Prognostic (7 days)</b>	Ambient or cold pack acceptable	SERUM AND WHOLE BLOOD	Serum Separator Tube or Red-Top Tube AND EDTA/Lavender-Top Tube	2.0 mL serum AND 2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 7 days
<b>7C4 Diagnostic Test (7 days)</b>	Cold pack required	SERUM	Serum Separator Tube or Red-Top Tube	1.0 mL serum	Refrigerated <u>Do not freeze</u>	Room temp: 3 days Refrigerated: 7 days
<b>RiskImmune (4 days)</b>	Ambient or cold pack acceptable	WHOLE BLOOD	EDTA/Lavender-Top Tube	2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 10 days Refrigerated: 30 days
<b>Anser</b> • IFX (Infliximab) • ADA (adalimumab) • VDZ (vedolizumab) • UST (ustekinumab) <b>(3 days)</b>	Ambient or cold pack acceptable	SERUM	Serum Separator Tube or Red-Top Tube	2.0 mL (0.5 mL for pads)	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 9 days
<b>TPMT Genetics (4 days)</b>	Ambient or cold pack acceptable	WHOLE BLOOD	EDTA/Lavender-Top Tube	2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 10 days Refrigerated: 30 days
<b>TPMT Enzyme (3 days)</b>	Refrigerated preferred, ship with cold pack	WHOLE BLOOD	EDTA/Lavender-Top Tube	5.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 24 hours Refrigerated: 8 days
<b>Thiopurine Metabolites (3 days)</b>	Refrigerated preferred, ship with cold pack	WHOLE BLOOD	EDTA/Lavender-Top Tube	5.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 24 hours Refrigerated: 8 days
<b>Celiac PLUS (Celiac Genetics and Celiac Serology) (4 days)</b>	Ambient or cold pack acceptable	SERUM AND WHOLE BLOOD	Serum Separator Tube or Red-Top Tube AND EDTA/Lavender-Top Tube	2.0 mL serum AND 2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 30 days
<b>Celiac Genetics (4 days)</b>	Ambient or cold pack acceptable	WHOLE BLOOD	EDTA/Lavender-Top Tube	2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 30 days
<b>Celiac Serology (4 days)</b>	Ambient or cold pack acceptable	SERUM	Serum Separator Tube or Red-Top Tube	2.0 mL serum (0.5 mL for pads)	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 30 days
<b>FIBROSpect HCV FIBROSpect NASH (7 days)</b>	Ambient or cold pack acceptable	SERUM	Serum Separator Tube or Red-Top Tube	2.0 mL serum (0.5 mL for pads)	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 7 days Refrigerated: 30 days
<b>LactoTYPE (7 days)</b>	Ambient or cold pack acceptable	WHOLE BLOOD	EDTA/Lavender-Top Tube	2.0 mL whole blood	Room temperature or refrigerated <u>Do not freeze</u>	Room temp: 10 days Refrigerated: 30 days

8. Open the patient's order in "Order Entry" in SOFTLAB once the specimen and completed Req are received.

9. Order a "MISC" lab. Make sure desired test is indicated in "Order Comments."  
 NOTE: If there are two test marked and one is the "ADD" test, order another MISC and indicated the desired test in "Order Comments"

10. Collect & Receive the specimen.

11. Place a "SoftID Bar Code" (with patient name, DOB, collection date & time) on the designated "soft label" spot.

**GENERAL TEST REQUISITION**

Soft label



**PATIENT INFORMATION**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 DOB (mm/dd/yyyy): \_\_\_\_\_ Sex:  M  F SSN: \_\_\_\_\_

**BILLING INFORMATION**

BILL:  Insurance  Laboratory  Patient/Self-Pay  Provider account

**SELECT THE TEST(S) TO BE PERFORMED**

Primary ICD Code		Additional ICD Code(s)	
1	2	3	4

**IBD sgi Diagnostic®** (#1800\*)  
 Combines serologic, genetic, and inflammatory markers to help differentiate Inflammatory Bowel Disease (IBD) vs non-IBD and ulcerative colitis (UC) vs CD.

**ADD RiskImmune®** (#3600\*)  
 (Conditional order following an IBD sgi result of "Pattern Consistent with IBD")

**ADD Monitr® Crohn's Disease** (#7300)  
 (Conditional order following an IBD sgi result of "Pattern Consistent with IBD: Crohn's disease")

**ADD Crohn's Prognostic** (#2001\*)  
 (Conditional order following an IBD sgi result of "Pattern Consistent with IBD: Crohn's disease")

12.	<p><b>Billing information</b></p> <p><b>Mark on Req</b></p> <ul style="list-style-type: none"> <li>Specimens received from “Outpatient” the doctor will have insurance info filled out. If not attach patient insurance information- See <a href="#">Printing Patients Insurance Information</a>.</li> <li>Specimens received from a hospital “Inpatients”-</li> </ul> 
13.	Make of copy of the completed Req.
14.	Log the specimen into the Specimen Mailout Log Book and place the copy of the completed Req into the “Copy of Req” tray located by the Mayo refrigerator in processing.
15.	Locate the Prometheus kits located in Cabinet 2 in the Regional lab area.
16.	See “Shipping Temp” from the print out from the Directory of Services.
17.	<p>Coolant Kits- For sending out Refrigerated specimens</p> <p>Ambient Kits- For sending out Ambient specimens</p>
18.	Open the Prometheus Kit.
19.	Locate the shipping slip (usually folded up the provided test Req found in the kit).
20.	Place the Labeled specimens into the provided Styrofoam packing.
21.	Place the Styrofoam packing into the provided Biohazard bag.
22.	Place the Biohazard bag into the kit.
23.	Place the Original Completed Req into the kit. Along with copy of Insurance info if necessary
24.	Place the kit into the provided Fedex shipping bag.
25.	Seal the Fedex shipping bag.
26.	<p>Place the shipping slip/sticker onto the sealed Fedex shipping bag.</p> 

