Shipping is subject to particular regulations. The sender is held responsible for the liability of correct shipping.

Innrain 66/2 A 6020 Innsbruck

Version 2.0, Apr. 2019

Univ.-Prof. Dr. F. Deisenhammer Tel: +43/512/504-24264 Fax: +43/512/504-24266 florian.deisenhammer@tirol-kliniken.at



Interferon-beta/Natalizumab antibodies request form

PATIENT ID					REQUESTED BY (please fill in completely, including address, phone/fax)			
Gender	ne: r: O fema							
Address	s:							
				Phone:				
Diag	nosis?			l .				
Please mal	ke sure that the patie	ent ID on the request	form matches the ID on the se	erum vial!				
Please	ship at least	3 ml of serum	!!					
	ent start:	REQUE		RUG	Last dose: / day mo	<u>)T:</u>		
O Interferon-beta antibodies					O Natalizumab (Tysabri®) antibodies			
	Current therapy:			Important:				
	Betaferon / Ex	tavia	0		Please collect the sample BEFORE application			
	Rebif	O 22 μg	Ο 44 μg		of Natalizumab!			
•	Avonex		0		Infusion reaction?	O Yes	O No	
	Plegridy		0					
Earlier therapy with another Interferon preparation? O Yes O No If yes, please specify:								
				-				
	From:/	/ Until:_	/					
Date and time of sampling					Signature			