



**TEST REQUEST FORM: DPD ENZYME DEFICIENCY TEST**

Individualized Treatment Technology Laboratories (ITT Labs)  
 1601 12<sup>th</sup> Avenue South – First Floor  
 Birmingham, AL 35205  
 Phone: (205) 533-7162 Fax: (205) 930-0082  
 CLIA # 01D1099109 NPI # 1548495575

<b>Patient Information</b>				
Last Name		First Name		Collection Date and Time
Street Address		City		State Zip
Date of Birth	Race		Male	Female
<b>Requesting Physician</b>				
Physician Name			Email	
Facility Name and Address			City State Zip	
Phone	Fax	Shipment tracking number or shipment date		
<b>Payment &amp; Billing Information</b>				
Payment will be made by: (circle one) Patient Physician				
Payment Form: (circle one) Check Enclosed PayPal Billing* (ljb@ittlabs.com)				
*Physicians may be billed when ordering multiple tests. To set up an account, please contact the lab manager at ljb@ittlabs.com or call (205) 533-7162.				
<b>Optional Patient Information</b>				
Primary Tumor Site		Metastases Present? Yes No		
Has patient already received 5-FU based chemotherapy? Yes No		If yes, when was last dose administered?		
If so, did patient experience toxicity? Yes No		Grade of Toxicity/Major Symptoms		

To submit samples, please call or email ITT Labs at (205) 533-7162 or DPD@ittlabs.com to notify laboratory personnel that a sample for the DPD enzyme assay will be shipped. Please fax this form to (205) 930-0082. Form must be received before sample is shipped.

**PAGE 2 MUST ACCOMPANY THIS FORM**



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The DPD enzyme assay helps identify those patients who are DPD deficient and is performed in an attempt to predict those patients that are at risk of severe toxicity to 5-FU based chemotherapy drugs.

**Limitations:** DPD is only one of several enzymes involved in the metabolism of 5-FU, so it is possible that an alteration in the activity of one of the other enzymes involved in the metabolic pathway could lead to 5-FU toxicity. However, DPD deficiency is the most commonly reported known cause of 5-FU toxicity.

Please note, the DPD enzyme assay results obtained from ITT Labs are intended to be interpreted by your oncologist for the purpose of prescribing 5-FU based drugs, (ie Adrucil, Efudex, Fluoroplex, Xeloda, and Carac). As with all diagnostic tests, a definitive clinical diagnosis and treatment decisions should only be made by your oncologist after all clinical and laboratory findings have been evaluated.

**Patient Attestation of Informed Consent:**

My signature below indicates that I have received information about the DPD enzyme deficiency test and that I have read and understood the statements above. I understand that while the DPD enzyme assay is highly accurate and widely accepted, as in all testing, there is a possibility of delay or error. I consent to the collection of a blood specimen and understand that ITT Labs may require an additional blood specimen (at no cost to the patient) if I am found to have decreased DPD enzyme activity to confirm results. I am willing to pay ITT Labs \$450.00 to perform the DPD enzyme assay and understand that I am financially liable for the cost of the testing.

ITT Labs will not release personal, identifiable information to a third party without express written instructions, and ITT Labs reserves the right to provide de-identified information of a statistical nature to accrediting agencies and reserves the right to use such anonymous information for research purposes.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**For The Physician:**

As the referring physician, I understand the benefits and limitations of this DPD enzyme deficiency test and have requested that the above-named patient be tested. I have provided the patient with information concerning the reasons for performing this test and the blood specimen requirement. I believe that the patient understands the information and is voluntarily signing this informed consent. I have read all of the blood specimen collection, packaging, and shipping requirements.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_