

Email this form to contactclientservices@prometheuslabs.com or print and fax it to **1-877-816-4019**.

Name of person requesting supplies

First Name

Last Name

Name of ordering provider

First Name

Last Name

NPI Number

Name of Facility

Shipping Address

Shipping Address 2 (Optional)

City

State

ZIP Code

Phone Number of Ordering Provider

Email Address of Ordering Provider (Optional)

Number of Kits Requested (Maximum Number of 9 Kits)

QUESTIONS? Contact CDPATH Client Services | 1-877-556-8766 | Monday - Friday 6:00 am - 4:30 pm PT

TERMS AND CONDITIONS: CDPATH is only validated in, and can only be run on, adult Crohn's disease patients (≥18 years old) diagnosed within the past ten (10) years, who have not experienced a Crohn's disease complication such as blockages, strictures, or fistulas. Beneficiaries of any state or federal health insurance program (including, but not limited to, Medicare, Medicaid, Department of Veterans Affairs, Coast Guard, Public Health Service, or Department of Defense) are excluded from participating in this program. No insurance claims should be collected or processed, and no charges should be billed to the patient for CDPATH and shipping. Takeda has made arrangements with the processing laboratory to directly cover these charges. Void where prohibited by law. Takeda reserves the right to change or end CDPATH at any time without notice, and other terms and conditions may apply. This test cannot be substituted for or combined with any other test and is only offered for a one-time use.

