

## STEP 1

### Patient & Provider Information (Required)

#### Patient Details

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 DOB: MM / DD / YYYY MRN: \_\_\_\_\_  
 Birth Sex: ☐ Male ☐ Female Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### BILLING INFORMATION (select one - required):

- ☐ Insurance (Be sure to attach front & back copy of insurance cards)  
☐ Patient (Self Pay)  
☐ Client Bill (active agreement required)

#### Provider Details

Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Exagen's Client Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Ordering Provider:

- ☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

## STEP 2

### Diagnosis: ICD-10 Codes (Required)

Provide ICD-10 Codes (highest level of specificity) that are medically appropriate for the patient's condition and consistent with the patient's medical record.

ICD-10 CODES (Required): ☐ D89.89 ☐ R76.8 ☐ M25.50 ☐ Other(s): \_\_\_\_\_

## STEP 3

### Test Order and Specimen Information (Required)

#### THIS SECTION IS TO BE COMPLETED BY SPECIMEN COLLECTOR

☐ Drawn in Office or ☐ Drawn by Third Party Lab / Lab Name: \_\_\_\_\_ Exagen's Account #: \_\_\_\_\_

Date Specimen(s) Collected: MM / DD / YYYY Time of Collection: \_\_\_\_\_ Collected by: \_\_\_\_\_

#### SPECIMEN REQUIREMENTS KEY:

- 10ml Whole blood EDTA (lavender tube)
- 5ml Serum Separator Tube (tiger top SST)

#### IMPORTANT:

Do not send more than one tube per specimen type, regardless of number of tests ordered.

<input type="checkbox"/> <b>AVISE CTD</b> <sup>+</sup> Includes <b>AVISE LUPUS</b> in addition to T Cell (CB-CAP TC4d, TlgG & TlgM), RA biomarkers (CCP, RA33 IgG, IgM & IgA, RF IgM & IgA), ENA (U1RNP, RNP70, SSA/Ro52, SSA/Ro60, RNA Pol III), APS (aCL IgG & IgM, β2 GP1 IgG & IgM), and Thyroid (TPO, TG). <input type="checkbox"/> Add <b>AVISE SLE Prognostic</b> if AVISE Lupus Index is Positive.	<b>Individual Analytes (add-ons)</b>  <b>CB-CAPs &amp; T Cell Autoantibodies</b> <sup>+</sup> <input type="checkbox"/> BC4d <input type="checkbox"/> EC4d <input type="checkbox"/> TC4d, TlgG, TlgM  <b>Autoimmune Markers</b> <sup>+</sup> <input type="checkbox"/> aCL IgA <input type="checkbox"/> dsDNA IgG <input type="checkbox"/> Ribo-P IgG <input type="checkbox"/> aCL IgG <input type="checkbox"/> dsDNA CIA IgG <input type="checkbox"/> RNA Pol III IgG <input type="checkbox"/> aCL IgM <input type="checkbox"/> GBM IgG <input type="checkbox"/> RNP70 IgG <input type="checkbox"/> ANA <input type="checkbox"/> Jo-1 IgG <input type="checkbox"/> SSA/Ro52 IgG <input type="checkbox"/> ANCA (IFA) <input type="checkbox"/> MPO IgG <input type="checkbox"/> SSA/Ro60 IgG <input type="checkbox"/> β2 GP1 IgA <input type="checkbox"/> PR3 IgG <input type="checkbox"/> Scl-70 IgG <input type="checkbox"/> β2 GP1 IgG <input type="checkbox"/> PS/PT IgG <input type="checkbox"/> Smith IgG <input type="checkbox"/> β2 GP1 IgM <input type="checkbox"/> PS/PT IgM <input type="checkbox"/> SSB/La IgG <input type="checkbox"/> CCP IgG <input type="checkbox"/> RF IgA <input type="checkbox"/> TG IgG <input type="checkbox"/> CENP IgG <input type="checkbox"/> RF IgM <input type="checkbox"/> TPO IgG <input type="checkbox"/> C1q IgG <input type="checkbox"/> RA33 IgG, IgM, IgA <input type="checkbox"/> U1RNP IgG <input type="checkbox"/> C3 <input type="checkbox"/> C4
<input type="checkbox"/> <b>AVISE Lupus</b> <sup>+</sup> Includes two CB-CAPs (EC4d and BC4d), plus eight autoantibodies (ANA, dsDNA, Smith, CCP, CENP, Jo-1, Scl70, SSB/La) to aid the differential diagnosis of Lupus. <input type="checkbox"/> Add <b>AVISE SLE Prognostic</b> if AVISE Lupus Index is Positive.	
<input type="checkbox"/> <b>AVISE APS</b> <sup>+</sup> Includes aCL (IgG, IgM, IgA), β2 GP1 (IgG, IgM, IgA), PS/PT (IgG, IgM).	
<input type="checkbox"/> <b>AVISE SLE Prognostic</b> <sup>+</sup> Includes C1q, Ribo-P, aCL (IgG, IgM, IgA), β2 GP1 (IgG, IgM, IgA), PS/PT (IgG, IgM).	
<input type="checkbox"/> <b>AVISE SLE Monitor</b> <sup>+</sup> Includes CB-CAP EC4d, C1q, C3, C4, dsDNA CIA.	
<input type="checkbox"/> <b>AVISE MTX</b> <sup>+</sup> Current dose: _____ mg/week	
<input type="checkbox"/> <b>AVISE HCQ</b> <sup>+</sup> Current dose: _____ mg/day Specimen should be collected at least 4 hours after last dose.	
<input type="checkbox"/> <b>AVISE Vasculitis-AAV</b> <sup>+</sup> Includes PR3, GBM, MPO, ANCA (IFA).	
<input type="checkbox"/> <b>AVISE Anti-CarP</b> <sup>+</sup>	
<input type="checkbox"/> <b>AVISE Anti-Histone</b> <sup>+</sup>	

In the event test orders contain overlapping analytes, those analytes will be reported on each test report but will not be performed more than once.

## STEP 4

### Medically Necessary (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.

Provider Signature: \_\_\_\_\_ Date: MM / DD / YYYY

Print Provider Name: \_\_\_\_\_

## AVISE Specimen Requirements

Order Type	Tube Requirements	Specimen Requirements
AVISE Blood Tests	<b>One</b> - 10 mL whole blood EDTA (lavender tube) <b>One</b> - 5 mL Serum Separator Tube (tiger top SST)	<ul style="list-style-type: none"><li>• EDTA should be drawn first</li><li>• Properly dispose of all contaminated materials in accordance with local disposal procedures</li></ul>

## AVISE Specimen Submission

### PREPARE SPECIMEN COLLECTION KIT FOR SHIPPING:

**Ship specimens Monday through Friday on same day blood is drawn, priority overnight delivery, using pre-printed shipping label**

1. Place Specimen Tubes inside Biohazard Specimen Bag. **Multiple tubes may be included in the same bag.**  
(Remember to spin serum separator tubes before submitting)
2. Place Biohazard Specimen Bag(s) inside the Test Kit Pouch.
3. Add Refrigerated Cold Pack(s) to Test Kit Pouch. Cold Pack(s) MUST be refrigerated. **DO NOT FREEZE.**
4. Place completed Test Requisition(s) AND copies of insurance cards inside the test kit pouch.
5. Seal Test Kit Pouch, then puncture it in at least TWO locations with a sharp object, such as a paper clip. You will hear a slight "pop". This will inflate the pouch.
6. Place Test Kit Pouch inside Pre-Labeled Shipping Bag and seal. **If you need assistance scheduling a specimen pickup, please call Provider Relations at 888-452-1522 option 3.**



## QUESTIONS?

Call **888.452.1522** or visit **www.AviseTest.com** or email [shipping@exagen.com](mailto:shipping@exagen.com) to place a kit order.

AVISE tests are used for clinical purposes, not to be regarded as investigational or for research. Results are not intended to be used as sole means for clinical diagnosis and patient management decisions. The following AVISE tests (AVISE CarP, AVISE CB-CAPs, AVISE CTD, AVISE Lupus, AVISE HCQ, AVISE MTX, AVISE SLE Monitor, AVISE SLE Prognostic) were developed, and performance characteristics were determined by Exagen Inc. as Laboratory Developed Tests (LDTs). The Exagen laboratory is certified under the Clinical Laboratory Amendments of 1988 (CLIA) and accredited by the College of American Pathologists (CAP) as qualified to perform high-complexity clinical laboratory testing, and FDA approval or clearance is not necessary.

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## QUALIFICATION FORM

Available at: [AviseTest.com/Access](https://AviseTest.com/Access)



SCAN  
+  
QUALIFY

### PATIENT INFORMATION

Last Name		First Name		Zip Code
Date of Birth / /	Phone Number		Email Address	
I choose to OPT-OUT of receiving e-mail correspondence regarding my AVISE test: <input type="checkbox"/> Yes				

### PLEASE ANSWER THE QUESTIONS BELOW.

- A.** Did your medical expenses exceed 7.5% of your gross household income or \$5,497.50 for the last calendar year? (See FAQ on the back of this page for more information) ☐ Yes ☐ No
- B.** Based on the table below, is your household annual gross income less than the amount corresponding with the number of persons in your household? ☐ Yes ☐ No

Persons in household	1	2	3	4	5	6	7	8*
Annual gross income	\$73,300	\$102,200	\$129,100	\$156,000	\$182,900	\$209,800	\$236,700	\$263,600

\*Our AVISE support team is here to help. If your household has more than 8 persons, please contact our patient billing specialists at 1-888-452-1522 (select option 2).

I hereby acknowledge that the above information is true and correct according to the best of my knowledge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send your completed form to: **Exagen Inc., AVISE Access, PO Box 748485, Atlanta, GA 30374** or fax the form to **760-479-6486**. Every effort will be made to process your form expeditiously.



†Excludes Medicaid, Medicare, Self Pay.

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# AVISE ACCESS FAQs

1. What are the eligible medical expenses that can be factored into answering “Question A” - Did your medical expenses exceed 7.5% of your gross household income or \$5,497.50 for the last calendar year?

Typical expenses include medical, dental and vision insurance premiums, deductibles, co-pays and any expenses associated with those visits. Other common expenses include:
- COMMON IRS - QUALIFIED MEDICAL EXPENSES

Acupuncture	Fertility enhancement	Podiatrist
Alcoholism treatment	Gynecologist	Psychiatrist
Ambulance services	Hearing aids and batteries	Psychologist
Annual physical examination	Hospital bills	Smoking cessation programs
Birth control pills (by prescription)	Laboratory fees	Surgery
Chiropractor	Lodging (away from home for outpatient care)	Therapy or counseling
Childbirth/delivery	Nursing home	Medical transportation expenses
Doctor's fees	Nursing services	Transplants
Dental treatments (including x-rays, dentures, fillings, oral surgery)	Obstetrician	Vaccines
Dermatologist	Osteopath	Vision care
Diagnostic services	Oxygen	Weight loss programs (for a specific disease diagnosed by a physician)
Disabled dependent care	Pregnancy test kit	Wheelchairs
Drug addiction therapy	Prescribed medications and drugs (see more information below on common medications)	X-rays
- COMMONLY PRESCRIBED MEDICATIONS

Acid controllers	Cold and flu medicine	Motion sickness medicines
Acne medicine	Eye drops	Nasal sprays or drops
Aids for indigestion	Feminine antifungal or anti-itch products	Ointments for cuts, burns or rashes
Allergy and sinus medicine	Hemorrhoid treatment	Pain relievers, such as aspirin or ibuprofen
Anti-diarrheal medicine	Laxatives or stool softeners	Sleep aids
Baby rash ointment	Lice treatments	Stomach remedies

IRS Publication 969

2. If I don't qualify based on questions A or B is there a way to still qualify for AVISE Access?
- Yes, please reach out to our patient billing specialists at 888-452-1522 option 2 and let them know you'd like to inquire about alternative qualification options.
3. What type of documentation do I need to provide to qualify?
- We only require you to fill out the application, answer yes to option A or B, sign and submit the application.  
No additional documentation is required.
4. I've submitted an AVISE Access qualification form, why did I receive a large bill from Exagen?
- The most common reasons applicants receive a large bill are:  
1) Your insurance plan elected to pay you directly for our testing  
2) We have an incomplete or unapproved application on file  
If you receive a payment from your insurance plan, please call us at 888-452-1522 option 2 to make the payment over the phone or endorse the check payable to Exagen Inc. and mail it to Exagen Inc. PO Box 748485, Atlanta, GA 30374.
5. Who do I contact if I have a question about an Explanation of Benefits (EOB) or Insurance?
- Contact our patient billing specialists at 888-452-1522 option 2 and we will be happy to assist you with any questions you may have. Please remember, an EOB is not a bill from Exagen.
6. You can submit your AVISE Access Qualification form using any ONE of the following methods...
- Apply electronically at [Avisetest.com/access](https://avisetest.com/access) (use the QR code provided on this form) Or,
  - Fill out page 1 of this form and include with your specimen (ask your provider for assistance) Or,
  - Mail your completed qualification form to Exagen Inc. PO Box 748485, Atlanta, GA 30374 Or,
  - Fax your completed qualification form to Exagen Inc. at 760-479-6486

Please send your completed form to: **Exagen Inc., AVISE Access, PO Box 748485, Atlanta, GA 30374**  
or fax the form to **760-479-6486**. Every effort will be made to process your form expeditiously.

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