AVISE® Test Requisition

Provider Relations: 888.452.1522

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 ☐ M35.9 ☐ D89.9 ☐ 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.*

☐ **AVISE CTD** •✚ **Includes AVISE LUPUS** in addition to T Cell (CB-CAP TC4d, TIgG & TIgM), RA biomarkers (CCP, PAD4 IgA & IgG, RA33 IgA, IgG & IgM, RF IgA & IgM), ENA (U1RNP, RNP70, SSA/Ro52, SSA/Ro60, RNA Pol III), APS (aCL IgG & IgM, β2 GP1 IgG & IgM), and Thyroid (TPO, TG).

☐ Add **AVISE SLE Prognostic** if AVISE Lupus Index is Positive.

☐ **AVISE Lupus** •✚ 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.

☐ Add **AVISE SLE Prognostic** if AVISE Lupus Index is Positive.

☐ **AVISE APS** ✚ Includes aCL (IgG, IgM, IgA), β2 GP1 (IgG, IgM, IgA), PS/PT (IgG, IgM).

☐ **AVISE SLE Prognostic** ✚ Includes C1q, Ribo-P, aCL (IgG, IgM, IgA), β2 GP1 (IgG, IgM, IgA), PS/PT (IgG, IgM).

☐ **AVISE SLE Monitor** •✚ Includes CB-CAP EC4d, C1q, C3, C4, dsDNA CIA.

☐ **AVISE MTX** • **Current dose:** _____ **mg/week**

☐ **AVISE HCQ** • **Current dose:** _____ **mg/day**
Specimen should be collected at least 4 hours after last dose.

☐ **AVISE Vasculitis-AAV** ✚ Includes PR3, GBM, MPO, ANCA (IFA).

☐ **AVISE Anti-CarP** ✚

☐ **AVISE Anti-Histone** ✚

Individual Analytes (add-ons)

CB-CAPs & T Cell Autoantibodies •

☐ BC4d ☐ EC4d ☐ TC4d, TIgG, TIgM

Autoimmune Markers ✚

☐ aCL IgA	☐ dsDNA IgG	☐ Ribo-P IgG
☐ aCL IgG	☐ dsDNA CIA IgG	☐ RNA Pol III IgG
☐ aCL IgM	☐ GBM IgG	☐ RNP70 IgG
☐ ANA	☐ Jo-1 IgG	☐ SSA/Ro52 IgG
☐ ANCA (IFA)	☐ MPO IgG	☐ SSA/Ro60 IgG
☐ β2 GP1 IgA	☐ PAD4 IgA, IgG	☐ Scl-70 IgG
☐ β2 GP1 IgG	☐ PR3 IgG	☐ Smith IgG
☐ β2 GP1 IgM	☐ PS/PT IgG	☐ SSB/La IgG
☐ CCP IgG	☐ PS/PT IgM	☐ TG IgG
☐ CENP IgG	☐ RF IgA	☐ TPO IgG
☐ C1q IgG	☐ RF IgM	☐ U1RNP IgG
☐ C3	☐ RA33 IgA, IgG, IgM	
☐ C4		

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	**One** - 10 mL whole blood EDTA (lavender tube) **One** - 5 mL Serum Separator Tube (tiger top SST)	• EDTA should be drawn first • Properly dispose of all contaminated materials in accordance with local disposal procedures

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 in a biohazard specimen bag. **Use one bag per patient to keep specimens separated.**
   (Remember to spin serum separator tubes before submitting)
2. Place completed test requisition **AND** copies of insurance cards within document pouch of biohazard specimen bag that contains the patient's tubes.
3. Place the biohazard specimen bag in the test kit box. **You may include multiple patient bags in the same box.**
4. Add ice pack to designated section of the test kit box. **Ice pack must be fully frozen.**
5. Box kit must be sealed by fully tucking both flaps securely in place. Place test kit Box inside pre-labeled shipping bag and seal.
   Only a single box kit should be included in a pre-sealed shipping bag.
6. Contact carrier on the pre-paid shipping label to arrange pick up.
   If you need assistance scheduling a specimen pickup, please call Provider Relations at 888-452-1522 option 3.

Exagen®

QUESTIONS?

Call **888.452.1522** or visit **www.AviseTest.com** or email 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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