AVISE® Test Requisition

Provider Relations: 888.452.1522

AVISE® Objective Testing Accurate Treatment

STEP 1 — Patient & Provider Information *(Required)*

Patient Details

Attach a copy of front and back of insurance cards

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Male ☐ Female

DOB: _____/_____/_____ MRN : _____

BILLING INFORMATION Bill: ☐ Insurance ☐ Patient ☐ Lab

Provider Details

Provider Name: _____

NPI #: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Lab Name: _____ Zip: _____

☐ Fax results to Lab. Fax # _____

STEP 2 — Diagnosis: ICD-10 Codes *(Required)*

Provide ICD-10 Diagnosis 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)*: _____/ _____/_____/_____/_____

The following codes are provided as **examples** only:

For AVISE MTX: Per Medicare policy, please identify (1) M-Code and (1) Z-Code

- *Other specified disorders involving the immune mechanism, not elsewhere classified:* ***D89.89***
- Personal history of other drug therapy: ***Z92.29***
- RA with rheumatoid factor of multiple sites without organ or systems involvement: **M05.79**

*Note: Medicare recently added multiple site ICD-10 codes in support of methotrexate monitoring for RA patients and no longer accepts unspecified codes.

STEP 3 — Test Menu

Date Specimen(s) Collected: *(Required)* _____/_____/_____ **Time of Collection:** _____

☐ **AVISE CTD** — 10 mL Whole Blood EDTA (lavender tube); 5 mL Serum SST (tiger top tube)

- ☐ Add **AVISE SLE Prognostic** regardless of AVISE Index result
- ☐ Add **AVISE SLE Prognostic** if AVISE Index is POSITIVE
- ☐ Add **anti-Histone**

☐ **AVISE SLE Monitor** — 10 mL Whole Blood EDTA (lavender tube); 5 mL Serum (tiger top tube)

- ☐ Include **AVISE HCQ- Current dose:** _____**mg/day**
  Specimen should be collected at least 4 hours after last dose
- ☐ Include **AVISE MTX- Current dose:** _____**mg/week**

☐ **AVISE SLE Prognostic** — 5 mL Serum SST (tiger top tube)

☐ **AVISE HCQ** — 5 mL Whole Blood EDTA (lavender tube)

Current dose: _____ **mg/day**

Specimen should be collected at least 4 hours after last dose

☐ **AVISE APS** — 5 mL Serum SST (tiger top tube)

☐ **AVISE MTX** — 5 mL Whole Blood EDTA (lavender tube)

Current dose: _____ **mg/week**

☐ Injection Or ☐ Number of pills/week _____

For additional AVISE testing options please see page 2.

AVISE Test Components and Descriptions

(Additional analyte requests may be indicated here)

AVISE CTD

☐ **AVISE Lupus** (EC4d, BC4d, Anti-dsDNA (reflex to Crithidia if positive) ANA, Anti-Sm, Anti-CCP, Jo-1, Scl-70, CENP, and SS-B/La)

☐ **ENA**
- ☐ SS-A/Ro
- ☐ U1RNP
- ☐ RNP70
- ☐ Histone

☐ **APS**
- ☐ aCL
  - ☐ IgG
  - ☐ IgM
- ☐ β2 GP1
  - ☐ IgG
  - ☐ IgM

☐ **RA**
- ☐ CarP
- ☐ RF IgM
- ☐ RF IgA

☐ **Thyroid**
- ☐ TPO
- ☐ TG

AVISE SLE Prognostic

- ☐ C1q
- ☐ Ribosomal P
- ☐ PS/PT
  - ☐ IgG
  - ☐ IgM
- ☐ aCL
  - ☐ IgG
  - ☐ IgM
  - ☐ IgA
- ☐ β2 GP1
  - ☐ IgG
  - ☐ IgM
  - ☐ IgA

AVISE SLE Monitor

- ☐ EC4d
- ☐ C1q
- ☐ dsDNA CIA
- ☐ PC4d
- ☐ C3
- ☐ C4

AVISE APS

- ☐ aCL
  - ☐ IgG
  - ☐ IgM
  - ☐ IgA
- ☐ β2 GP1
  - ☐ IgG
  - ☐ IgM
  - ☐ IgA
- ☐ PS/PT
  - ☐ IgG
  - ☐ IgM

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. Insert frozen cold pack in one of the cooler wells.
2. Enclose specimen(s) in Bio-Hazard specimen bag and place bag inside the alternate well, away from the cold pack. **Specimens from multiple patients may be included in the same box.**
3. Replace foam cooler lid and place the completed test requisition(s) and insurance card copies on top of cooler before closing outer transportation kit box.
4. **Place kit inside plastic carrier bag and affix shipping label to bag.**
5. **Contact carrier indicated on the prepaid shipping label for pick-up or call Exagen Provider Relations at 888.452.1522 for assistance.**

RUNNING LOW ON SPECIMEN COLLECTION KITS?

Select a quantity and we will ship them to you:

Specimen Collection Kits	☐4	☐8	☐10
AVISE CTD Patient Brochure (25 per pack)	☐1 pk	☐2 pk	☐3 pk
AVISE SLE Monitor Patient Brochure (25 per pack)	☐1 pk	☐2 pk	☐3 pk

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, though results provided are not intended to be used as the sole means for clinical diagnosis or patient management decisions. AVISE tests should not be regarded as investigation or for research. AVISE tests were developed and performance characteristics determined by Exagen Diagnostics, Inc. While some components of AVISE tests are FDA approved devices, the integrative tests methods have not been cleared or approved by the FDA. Exagen is regulated under CLIA as qualified to perform high complexity testing. Exagen, AVISE, and the Exagen and AVISE logos are registered trademarks of Exagen Inc.

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