

STEP 1

Patient & Provider Information (Required)

Patient Details

Provider Details

Full Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____
 DOB: ____ / ____ / ____ MRN: _____
 Birth Sex: Male Female Undisclosed/Unspecified

Provider Name: _____
 NPI #: _____
 Practice Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Lab Name: _____ ZIP: _____
 Fax results to Lab. Fax # _____

Attach a copy of front and back of insurance cards

BILLING INFORMATION: Insurance Patient Lab

MEDICARE only Hospital: Non-hospital patient In-patient Out-patient

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): _____ / _____ / _____ / _____

STEP 3

Test Order and Specimen Information

Date Specimen(s) Collected (required): ____/____/____ **Time of collection:** _____ **Collected by (full name):** _____

AVISE CTD

10 mL whole blood EDTA (lavender tube)
 5 mL serum SST (tiger top tube)

AVISE Lupus (included with AVISE CTD)

- | | | |
|--------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> ENA | <input type="checkbox"/> Thyroid | <input type="checkbox"/> APS |
| <input type="checkbox"/> U1RNP | <input type="checkbox"/> TPO | <input type="checkbox"/> aCL |
| <input type="checkbox"/> RNP70 | <input type="checkbox"/> TG | <input type="checkbox"/> IgG |
| <input type="checkbox"/> Ro52 | | <input type="checkbox"/> IgM |
| <input type="checkbox"/> Ro60 | <input type="checkbox"/> RA | <input type="checkbox"/> β 2 GP1 |
| <input type="checkbox"/> RNA Pol III | <input type="checkbox"/> RF IgM | <input type="checkbox"/> IgG |
| | <input type="checkbox"/> RF IgA | <input type="checkbox"/> IgM |

Add **AVISE SLE Prognostic** if AVISE Index is POSITIVE

AVISE Lupus

10 mL whole blood EDTA (lavender tube)
 5 mL serum SST (tiger top tube)

AVISE Lupus consists of 10 analytes, including 2 CB-CAPs (EC4d & BC4d) and 8 autoantibodies (ANA, anti-dsDNA, anti-Smith, anti-CCP, anti-Centromere protein B, anti-Jo-1, anti-Scl70, and anti-SSB/La), to aid the differential diagnosis of Lupus.

Add **AVISE SLE Prognostic** if AVISE Index is POSITIVE

AVISE SLE Prognostic

5 mL serum SST (tiger top tube)

- | | | |
|--------------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> C1q | <input type="checkbox"/> aCL | <input type="checkbox"/> β 2 GP1 |
| <input type="checkbox"/> Ribosomal P | <input type="checkbox"/> IgG | <input type="checkbox"/> IgG |
| <input type="checkbox"/> PS/PT | <input type="checkbox"/> IgM | <input type="checkbox"/> IgM |
| <input type="checkbox"/> IgG | <input type="checkbox"/> IgA | <input type="checkbox"/> IgA |

AVISE SLE Monitor

10 mL whole blood EDTA (lavender tube)
 5 mL serum SST (tiger top tube)

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> EC4d | <input type="checkbox"/> PC4d |
| <input type="checkbox"/> C1q | <input type="checkbox"/> C3 |
| <input type="checkbox"/> dsDNA CIA | <input type="checkbox"/> C4 |

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 Vasculitis-AAV

5 mL serum SST (tiger top tube)

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Anti-PR3 | <input type="checkbox"/> Anti-GBM |
| <input type="checkbox"/> Anti-MPO | <input type="checkbox"/> ANCA (IFA) |

AVISE MTX

5 mL whole blood EDTA (lavender tube)

Current dose: _____ mg/week
 Injection Or
 Number of pills/week

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 Anti-CarP

5 mL serum SST (tiger top tube)

Anti-Histone

5 mL serum SST (tiger top tube)

AVISE APS

5 mL serum SST (tiger top tube)

- | | | |
|------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> aCL | <input type="checkbox"/> β 2 GP1 | <input type="checkbox"/> PS/PT |
| <input type="checkbox"/> IgG | <input type="checkbox"/> IgG | <input type="checkbox"/> IgG |
| <input type="checkbox"/> IgM | <input type="checkbox"/> IgM | <input type="checkbox"/> IgM |
| <input type="checkbox"/> IgA | <input type="checkbox"/> IgA | |

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

I certify that the ordered test(s) is(are) reasonable and medically necessary for the diagnosis, care, and treatment of this patient's condition.

Physician signature: _____ Date: _____

Print 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 SST (tiger top tube)	<ul style="list-style-type: none">• 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. 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.**



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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