

## 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> <span style="color: purple;">●</span> <span style="color: orange;">+</span> 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> <span style="color: purple;">●</span> <input type="checkbox"/> BC4d <input type="checkbox"/> EC4d <input type="checkbox"/> TC4d, TlgG, TlgM <b>Autoimmune Markers</b> <span style="color: orange;">+</span> <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> <span style="color: purple;">●</span> <span style="color: orange;">+</span> 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> <span style="color: orange;">+</span> Includes aCL (IgG, IgM, IgA), β2 GP1 (IgG, IgM, IgA), PS/PT (IgG, IgM).	
<input type="checkbox"/> <b>AVISE SLE Prognostic</b> <span style="color: orange;">+</span> 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> <span style="color: purple;">●</span> <span style="color: orange;">+</span> Includes CB-CAP EC4d, C1q, C3, C4, dsDNA CIA.	
<input type="checkbox"/> <b>AVISE MTX</b> <span style="color: purple;">●</span> <b>Current dose:</b> _____ <b>mg/week</b>	
<input type="checkbox"/> <b>AVISE HCQ</b> <span style="color: purple;">●</span> <b>Current dose:</b> _____ <b>mg/day</b> Specimen should be collected at least 4 hours after last dose.	
<input type="checkbox"/> <b>AVISE Vasculitis-AAV</b> <span style="color: orange;">+</span> Includes PR3, GBM, MPO, ANCA (IFA).	
<input type="checkbox"/> <b>AVISE Anti-CarP</b> <span style="color: orange;">+</span>	
<input type="checkbox"/> <b>AVISE Anti-Histone</b> <span style="color: orange;">+</span>	

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](http://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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