

Test Request Form

Patient Information (required)

Date Collected: MM / DD / YYYY Time: _____ AM PMDate Separated: MM / DD / YYYY Time: _____ AM PM

Patient Name: Last _____ First _____ MI _____

Patient/Resp. Party Address _____

City _____ State _____ ZIP _____

Sex: M F MM / DD / YYYY DOB _____

Patient ID or Medical Record # _____

Reference or Order # _____

Specimen Identification Requirements: Proper identification of specimens is extremely important. In the patient's presence, confirm patient identification and print the patient's first and last names and a second unique identifier as they appear on the test request form, the blood collection tubes, or buccal swabs. The patient's name and unique identifier on the specimen must be identical to the patient's name and unique identifier on **the test request form.**

Current Clinical Information

 Treatment Naive Treatment Experienced

HIV Diagnosis Code (REQUIRED): B20 _____ Z21 _____ Other: _____

Most Recent HIV Viral Load: _____ copies/mL Date Collected: MM / DD / YYYY

Hepatitis Diagnosis Code (REQUIRED): B17.10 _____ B18.2 _____ B19.20 _____ Other: _____

Most Recent HCV Viral Load: _____ IU/mL Date Collected: MM / DD / YYYY

Physician Information (required)

Referring Physician: Last _____ First _____ MI _____

Physician or Contact Phone # _____

Referring Physician Provider #/NPI # _____

Physician / Authorized Signature _____ Date MM / DD / YYYY

Fax Additional Copy to ATTN _____ Fax # _____

Billing Information (required)

Check one box for billing type and fill out all accompanying information. Attach a copy of the front and back of insurance card(s).

 Bill Client Bill Medicare: Patient Medicare #: _____ HMO ADAP PPO Medical Group IPA Medicaid 3rd Party

Insured ID _____

Insurance Company Health Plan Name/Medical Group IPA Name _____

Insurance Company Health Plan Address _____

Relationship to Insured: Self Spouse Dependent Legal PartnerHospital Patient Status: In-Patient Out-Patient Non-Patient

All Monogram HIV Assays are intended for use only in patients with a confirmed diagnosis of HIV-1 infection. These assays are not intended to be used for the diagnosis of HIV infection.

This patient is documented HIV-1 infected unless otherwise indicated.

Other: _____

HIV Assays

Combination Phenotyping and Genotyping

- PhenoSense® GT
 PhenoSense® GT Plus Integrase**

Phenotyping

- PhenoSense® PhenoSense® Integrase
 PhenoSense® Entry

Genotyping

- GenoSure PRIme® **
 GenoSure® MG**

Suppression Management (recommended for patients with undetectable viral load)

- GenoSure Archive® Plus Trofile® DNA (Combination Panel)
 GenoSure Archive® DNA Sequencing PR-RT, IN
 HIV-1 DNA Sequencing PR-RT Only
 HIV-1 DNA Sequencing IN Only
 Trofile® DNA

Tropism

- Trofile® (for patients with viral load ≥ 1000 c/mL)
 Trofile® Select (when viral load is not known)

HIV Viral Load Assays: If a viral load is ordered, any requested HIV drug resistance or tropism assay will be performed only if the viral load meets the minimum viral load indicated (see back of form).

- HIV-1 RT-PCR Quant@
 HIV-1 RT-PCR Quant@ (w/ graph)

Other:

****Note:** Testing may not be successful when the viral load is < 500 copies/mL plasma. If the assay fails on the initial attempt, HIV-1 RNA quantitation will be performed. If the result is < 500 copies/mL, the viral load will be reported and the client will be billed.

Hepatitis Assays

- Hepatitis C Virus Genotype (Subtype)

HCV Drug Resistance Assays

For Subtype 1a or 1b Only: 1a 1b (please check box)

- HCV GenoSure® NS3/4A Drug Resistance Assay
 HCV NS5A Drug Resistance Assay
 HCV NS5B Drug Resistance Assay

For Genotype 3 Only:

- HCV Genotype 3 NS5A Drug Resistance Assay

HCV Viral Load Assays: If a viral load is ordered, any requested HCV drug resistance or genotype assay will be performed only if the viral load meets the minimum viral load indicated (see back of form).

- Hepatitis C Virus RTPCR Quant
 Hepatitis C Virus RTPCR Quant (w/ graph)

Other:

Medicare Advance Beneficiary Notice of Noncoverage (ABN)

Refer to www.LabCorp.com/MedicareMedicalNecessity for information when ordering tests that are subject to ABN guidelines.

For Internal Use Only

Accession# _____

Specimen Type Rec'd: _____

Initials _____ Aliq/PPT/Greiner

Date _____ Serum/CSF/WhBlood/Swab

Page(s) _____ Frozen/Ambient

PRB Codes (Non-Hold) _____

Initial/Date _____

Sample Collection and Handling Requirements for Assays Performed by Monogram Biosciences

Assay Name	Drug Classes	Viral Load Requirement	Monogram Test Code	CPT Code	Specimen Requirements	
PhenoSense® GT	NRTIs, NNRTIs, PIs	≥ 500 c/mL	V7000	87900 87901 87903	3mL frozen plasma. Draw blood in either 2 PPT or 2 lavender-top (EDTA) tubes. Centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen.	
						87904x11
PhenoSense® GT Plus Integrase***	NRTIs, NNRTIs, PIs, INIs	≥ 500 c/mL	M7000	87900 87901 87903 87904x14 87906	5mL frozen plasma. Draw blood in either 3 PPT or 3 lavender-top (EDTA) tubes. Centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen. **Note: Testing may not be successful when the viral load is < 500 copies/mL plasma. If the assay fails on the initial attempt, HIV-1 RNA quantitation will be performed. If the result is < 500 copies/mL, the viral load will be reported and the client will be billed.	
						87903
						87904x11
PhenoSense® Integrase	INIs	≥ 500 c/mL	S3200	87903	3mL frozen plasma. Draw blood in either 2 PPT or 2 lavender-top (EDTA) tubes. Centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen.	
						E2000
PhenoSense® Entry	Entuvirtide	≥ 1000 c/mL	E2000	87903		
GenoSure Prime***	NRTIs, NNRTIs, PIs, INIs	≥ 500 c/mL	P5000	87900 87901 87906	5mL frozen plasma. Draw blood in either 3 PPT or 3 lavender-top (EDTA) tubes. Centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen. **Note: Testing may not be successful when the viral load is < 500 copies/mL plasma. If the assay fails on the initial attempt, HIV-1 RNA quantitation will be performed. If the result is < 500 copies/mL, the viral load will be reported and the client will be billed.	
GenoSure® MG**	NRTIs, NNRTIs, PIs	≥ 500 c/mL	G5000	87900 87901	4mL lavender-top (EDTA) whole blood. Draw whole blood in 1 lavender-top (EDTA) tube. Do not centrifuge. Freeze immediately at -20°C and ship frozen. Note: GenoSure Archive and Trofile DNA can be ordered together (test code D9000). Draw two 4mL EDTA tubes. HIV-1 DNA Sequencing Testing is also available for Protease-Rreverse Transcriptase (test code R6200) and Integrase (test code R6400) separately. For more information please call Client Services at 1-800-777-0177.	
Suppression Mgmt Trofile® DNA	CCRS Antagonist	Undetectable	E3600	87999	3mL frozen plasma. Draw blood in either 2 PPT or 2 lavender-top (EDTA) tubes. Centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen.	
Trofile®	CCRS Antagonist	≥ 1000 c/mL	E3100	87999	Both plasma and whole blood are needed for Trofile Select. 5mL frozen plasma AND 4mL frozen whole blood from lavender-top (EDTA) tubes. Draw 4 lavender-top (EDTA) tubes. Freeze one tube immediately at -20°C. Centrifuge the other 3 tubes within 6 hours of collection. Transfer plasma to screw-cap tubes. Freeze immediately at -20°C and ship all tubes frozen.	
Trofile® Select	CCRS Antagonist	Use when VL unknown	E3000T	87999	3mL frozen plasma. Collect specimen in 2 PPT or lavender-top (EDTA) tubes. Centrifuge specimen within 6 hours of collection, remove plasma and transfer specimen to screw-cap tube. Freeze immediately at -20°C and ship frozen.	
HIV VL HIV-1 RT-PCR Quant (Graph/Non-Graph)	Hepatitis C Virus, Genotype(s/subtype)	N/A	V1000N (Non-Graph) V1000G (Graph)	87536@	3mL frozen plasma. Collect specimen in 2 PPT or lavender-top (EDTA) tubes. Centrifuge specimen within 6 hours of collection, remove plasma and transfer specimen to screw-cap tube. Freeze immediately at -20°C and ship frozen.	
HCV HCV GenoSure® NS3/4A (Genotype 1a / 1b)	Hepatitis C Virus RT-PCR Quant (Graph/Non-Graph)	N/A	C1000N (Non-Graph) C1000G (Graph)	87522	3mL frozen plasma. Draw blood in 2 PPT or lavender-top (EDTA) tubes, centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen.	
HCV NS5A Drug Resistance Assay (Genotype 1a / 1b)	HCV NS5A Drug Resistance Assay (Genotype 1a / 1b)	≥ 500 IU/mL	G6200	87900 87902	For Genotype 1 only. 2mL frozen plasma. Draw blood in 2 PPT or lavender-top (EDTA) tubes, centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen.	
HCV NS5B Drug Resistance Assay (Genotype 1a / 1b)	NIS, NNIS	≥ 1000 IU/mL	G6300	87900 87902		
HCV Genotype 3 NS5A Drug Resistance Assay	NSSAIs	≥ 500 IU/mL	G6220	87900 87902	For Genotype 3 only. 2mL frozen plasma. Draw blood in 2 PPT or lavender-top (EDTA) tubes, centrifuge within 6 hours of collection. Spin at 1000–1200g for 10 to 15 minutes. Transfer plasma to one or more screw-cap tubes (not "pop-top" or "snap-cap"). Freeze immediately at -20°C and ship frozen.	

Unacceptable conditions: 1) Incorrect tube type. 2) Frozen required. Non-frozen specimens or specimens exposed to repeated freeze-thaw cycles. 3) Unlabeled specimens. @ = Subject to Medicare medical necessity guidelines. Visit www.Monogrambio.com for assay use and limitations. MG-SF-FNMS-F90723.012 04/23/2018

