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 www.monogrambio.com  
 Samuel H. Pepkowitz, MD, Medical Director

## 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 \_\_\_\_\_ B97.89 \_\_\_\_\_ Other: \_\_\_\_\_

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

Hepatitis Diagnosis Code (REQUIRED): B17.10 \_\_\_\_\_ B18.2 \_\_\_\_\_ 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  $\geq 1000$  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](http://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**

COMBO PHENO + GENO	PHENOTYPE	GENOTYPING	SUPPRESSION MGMT	TROPISM	HIV VL	HCV
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.	
PhenoSense® GT Plus Integrase	NRTIs, NNRTIs, PIs, INIs	≥ 500 c/ml	M7000	87900 87901 87903 87904x14 87906	6mL 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.	
PhenoSense®	NRTIs, NNRTIs, PIs	≥ 500 c/ml	V3200	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.	
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.	
PhenoSense® Entry	Enfuvirtide	≥ 1000 c/ml	E2000	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.	
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.	
GenoSure Archive® DNA Sequencing	NRTIs, NNRTIs, PIs, INIs	Undetectable	R6000	87900 87901 87906	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® DNA	CCR5 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®	CCR5 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	CCR5 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-1 RT-PCR Quant (Graph/Non-Graph)		N/A	V1000N (Non-Graph) V1000G (Graph)	87536@	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.	
Hepatitis C Virus, Genotype(subtype)		≥ 1000 IU/ml	C1200	87902	3mL frozen plasma. Collect specimen in 2 PPT, yellow-top (ACD) tubes, or lavender-top (EDTA) tubes. Centrifuge specimen within 6 hours of collection and transfer to 2 plastic screw-cap tubes. Freeze immediately at -20°C and ship frozen.	
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 GenoSure® NS3/4A	PIs	≥ 2000 IU/ml	C5000	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 NS5A Drug Resistance Assay	NSSAIs	≥ 500 IU/ml	G6200	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.	
HCV NS5B Drug Resistance Assay	NIIs, NNIs	≥ 1000 IU/ml	G6300	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.	
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](http://www.Monogrambio.com) for assay use and limitations. MG-SF-FRMS-F90723.010 10/24/2016